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Your Investment (continued)

Fidelity SIPP (including Junior SIPP)

ACCOUNT NUMBER

I confirm that all income from my income paying investments is to be reinvested where possible. I understand that small sums may be paid to cash within my account where a reinvestment cannot be made. (Please mark an X in the box)

OR

I confirm that all income from my income paying investments is to be held as cash within my account. (Please mark an X in the box)

Note: This instruction will change the income treatment for all the income paying investments held in your account(s). There is no need to submit a further instruction should you make changes to the income paying investments you hold. Any new investments will also follow the same treatment.

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Mandate Details

I authorise Fidelity International to make income payments arising from my holdings by direct credit transfer to the Bank/Building Society account detailed below.

NAME(S) OF ACCOUNT HOLDER(S) — THIRD PARTIES ARE NOT ACCEPTED

BANK/BUILDING SOCIETY ACCOUNT NUMBER

BRANCH SORT CODE

NAME AND ADDRESS OF BANK OR BUILDING SOCIETY

BUILDING SOCIETY COLLECTION ACCOUNT NUMBER (IF APPLICABLE) *

* Building Society accounts — the sort code and building society collection account number can be obtained from your Building Society branch. Please ensure that your Building Society account will accept direct credit payments through the Banks Automated Clearing system. Fidelity does not accept instructions for payments to be made to an account other than the client's own personal account. If the account number and sort code are incorrect, Fidelity will not accept responsibility for any loss incurred by the applicant.

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Declaration and Signature

I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the Client Terms and/or Pension Client Terms as applicable. By signing below, I/we confirm that I/we have received the Doing Business with Fidelity and/or Fidelity Pension Key Features Document relating to my/our investment, as well as the relevant Client Terms and/or Pension Client Terms which I/we accept.

SIGNATURE(S) OF ALL APPLICANTS AND DATE – YOU MUST SIGN HERE (Please ensure all relevant sections are completed as per the instructions on this form.)

If you are signing the application form by Power of Attorney, please call us for the details of documentation that is required for this to be acceptable).

You must provide a SIGNATURE for EACH ACCOUNT HOLDER

PRIMARY ACCOUNT SIGNATURE/ GUARDIAN	<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>	PRINT NAME	<input type="text"/>
SECOND ACCOUNT SIGNATURE	<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>	PRINT NAME	<input type="text"/>
THIRD ACCOUNT SIGNATURE	<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>	PRINT NAME	<input type="text"/>
FOURTH ACCOUNT SIGNATURE	<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>	PRINT NAME	<input type="text"/>

DATE

For more information visit fidelity.co.uk
Please send your completed form to Fidelity International (IMS), PO Box 80, Tonbridge, Kent TN11 9YA. Issued by FIL Investments International which is authorised and regulated by the Financial Conduct Authority. Fidelity, Fidelity International, FundsNetwork™, their logos and F symbol are trademarks of FIL Limited.

