

C A S T L E F I E L D •

Business Perspective Investors

CFP Sanford DeLand Funds

ISA FORM

Application Form to subscribe to a CFP Sanford DeLand Funds ISA Application Form to transfer your existing ISA(s) to CFP Sanford DeLand Funds

Please complete this form and return it to your financial adviser, or to:

Castlefield Fund Partners Limited, Hamilton Centre, Rodney Way, Chelmsford, CMI 3BY.

All cheques should be drawn on a bank account held in your own name and payable to:

Castlefield Fund Partners Limited.

Important:

Before completing this form, please read the Key Investor Information Document and the Supplementary Information Document for the relevant

share class of the Fund(s) you wish to invest in or transfer into. Copies are available on our website www.castlefield.com, calling 0345 026 4284 or emailing castlefield@maitlandgroup.co.uk Please let us know what type of investment you would like to make If you require ISA application forms for other eligible members of by ticking the relevant box below. your family, please ask your financial adviser. I wish to invest in a Stocks and Shares ISA. I wish to consolidate my existing ISAs. If you are applying for a ISA in this tax year, you should If you are consolidating your existing ISAs through a ISA transfer, you should complete sections 1, 2, 3, 4, 5, 9 and 10. complete sections 1, 2, 3, 4, 5 and 9. If you wish to receive income by share encashment, please If you wish to receive income by share encashment, please complete section 6. If you wish to contribute monthly by direct debit, please Your financial adviser should complete complete section 7. sections 2 and 11. If you are investing without the services of a financial adviser, Your financial adviser should complete sections 2 and 11. you must complete section 8. If you are investing without the services of a financial adviser, you must complete section 8.

A separate application form must be completed for each ISA applicant. Joint applications are not permitted for ISAs.

SECTION 1

<u> </u>								
Personal details								
If you are an existing Castlefield	account holder,	, please quote	e your refe	erence nu	ımber:			
Title:		Full name:						
Permanent residential address:								
							Postcode:	
Telephone numbers (inc STD code):	Home:					Mobile:		
Email address:								
National Insurance Number:							Insuranc	ould be able to find your National se Number on a payslip, form P45 or P60, rom HM Revenue & Customs, a letter
If you do not have a National Insurance Number, please tick here:								DWP or a pension order book)
Date of birth (DD/MM/YYYY):		/	/					
Place and country of birth:								
								e for information on your account pet" or "what was the name of my
Security question:								
Security answer:								

SECTION 2

Investment advice

Please indicate whether you have received advice from a financial adviser on this investment and provide their details.

	ted will not pay commission to any finan	cial adviser or facilitate adv	iser charging in respect of
these investments.			
I have received advice from the f	ollowing financial adviser		
Company:			
Address:			
		Postcode	
I have not received advice from a	a financial adviser		
To be completed by your finance	cial adviser.		
Financial adviser stamp			
FCA number:			
SECTION 3			
Fund choice			
-	wish to invest in and insert an amount in the ns. If you are transferring an existing ISA, polit in the appropriate boxes.		·
Minimum investment for ISAs:			
£500 lump sum, £50 monthly per	Fund.*		
Minimum initial investment into	General Shares: £500.		
Maximum investment for ISAs:			
£20,000 (2019/20 tax year)			
I apply to subscribe for a Stocks	s and Shares ISA for the tax year 20 / 20	and each subsequent yea	ar until further notice.

There is no maximum ISA transfer.

CFP Sanford DeLand Funds	ISA Investment	ISA monthly Investment*	ISA Transfer
CFP SDL UK Buffettology Fund - General Income Shares	£	£	%
CFP SDL UK Buffettology Fund - General Accumulation Shares	£		%
CFP SDL Free Spirit Fund - General Income Shares	£	£	%
CFP SDL Free Spirit Fund - General Accumulation Shares	£	£	%
Total	£	£	%

^{*}Monthly contributions must be rounded in £10 amounts. If you have chosen monthly contributions, please complete the direct debit instructions in section 7 and ensure that a cheque from the same account, made payable to Castlefield Fund Partners Limited, is submitted with this application form to represent the first contribution. Contributions will be collected from your bank on the first working day of the month.

Income Shares: Your share of the net income of the Fund is paid to you in cash unless you have elected to reinvest the income, whereby additional shares will be purchased at no cost. Please complete section **5.**

Bank/Building Society details for payments to you

Please complete your account details below in order that we can make any income payments or redemption payments to your bank or building society. In order to verify the account, we require EITHER: An original voided cheque; An original paying in slip; A bank statement not older than six months, either an original or a copy certified by an appropriate person (solicitor, accountant or your bank/building society manager). Internet based bank statements are not acceptable.

Please inform us if you change your bank account, as you will need to provide new evidence so we can verify the account. Bank/Building Society:

Bank/Building Society:															
bank/building Society.															
Address:															
								Po	stcod	e:					
Name of account to be credited:															
Sort code:						Acco	unt No	0.:							
Building Society reference or roll number:												ı			
										J					
SECTION 5															
Income payments															
Please choose how you would	d like to receiv	e any incor	ne ger	nerated fr	rom y	our/	inves	stme	nt.						
If you do not tick either of th	nese boxes, yo	our net inc	ome w	ill auton	natic	ally	be re	inv	este	d.					
Income sent direct to your bank/	building society	y	Pleas	e ensure t	that y	ou co	mple	te yo	our ba	ank ac	count o	details	in se	ction	4.
Income reinvested to purchase n					,		•	-							

SECTION 6

Income withdrawal by share encashment

You can choose to receive a monthly cash amount by encashing some of the shares in your investment. Please ensure you complete your bank account details in section 4. Please choose where you want your cash withdrawn from and insert the amount in the appropriate box(es) below (minimum £50 per Fund and per investment option, per month to the nearest whole pound). Please bear in mind that the higher the level of cash withdrawal, the greater risk of capital erosion.

CFP Sanford DeLand Funds	ISA Investment	ISA monthly Investment*	ISA Transfer
CFP SDL UK Buffettology Fund - General Income Shares	£	£	%
CFP SDL UK Buffettology Fund - General Accumulation Shares	£		%
CFP SDL Free Spirit Fund - General Income Shares	£	£	%
CFP SDL Free Spirit Fund - General Accumulation Shares	£	£	%
Total	£	£	%

Direct debit for regular savers

Instruction to your Bank/Building Society to pay by direct debit



The bank account must be held in your own name.

Name and full postal address of your Pank or Building Society

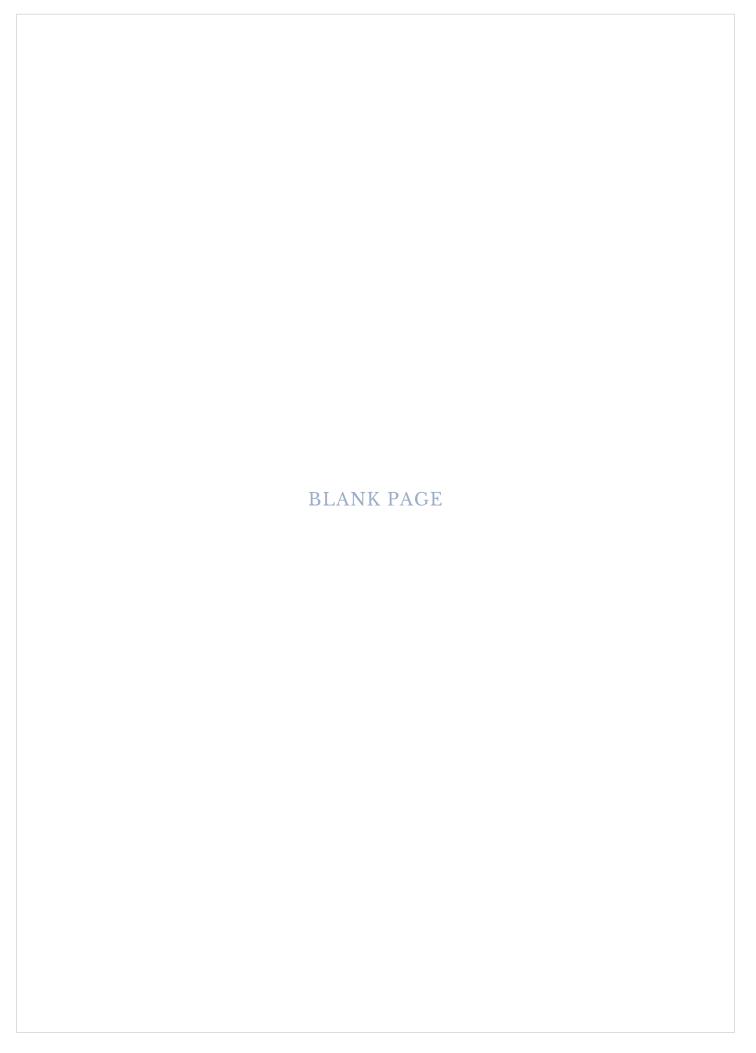
Name and full postal address	of your Bank or Building Society:	Castlefield Fund Partners' reference number (office use only)		
To the Manager:				
Bank/Building Society Address:		Your instructions to the Bank/Building Society		
Postcode:		Please pay Castlefield Fund Partners Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by		
Name(s) of Account Holder(s):		the Direct Debit Guarantee. I understand that this Instruction may remain with Castlefield Fund Partners Limited and, if so, details will be passed		
Bank/Building Society Account Number:		electronically to my Bank Building Society. Signature 1:		
Branch Sort Code:				
Date (DD/MM/YY):		Signature 2:		

Banks and building societies may not accept Direct Debit instructions for some types of account. This guarantee should be detached and retained by the Payee.



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Castlefield Fund Partners Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Castlefield Fund Partners Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Castlefield Fund Partners Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Castlefield Fund Partners Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



SECTION 8

Applicant identity verification

Money Laundering Regulations 2017

Under these regulations there is a legal requirement to prove the identity of people who wish to make an investment. You may therefore be asked for some evidence of your identity and date of birth. This will normally be a passport or similar form of identity check together with proof of address from a recent utility bill. Alternatively, electronic checking systems may be used to verify identity, including credit agencies which may keep a record of this information although this is only to verify your identity and will not affect your credit rating. The information you provide on your application form (or subsequently) will be held and processed by Castlefield Fund Partners (a subsidiary of Castlefield Partners Limited) as data controller for the purposes of General Data Protection Regulation and the Data Protection Act 2018.

Do you have a financial adviser?							
Yes, your financial adviser s	hould complete section 11.						
No, please complete the fol	lowing Applicant Identity Verification	section.					
If you are investing directly without the services of a financial adviser we will need to verify your identity. We need to see certified copies* of either your current passport or full driving licence, and a recent (within the last six months) bank statement or utility bill (not a mobile telephone bill, copies printed off the internet cannot be accepted) showing your current address.							
*copies must be certified by ei	ther a solicitor, accountant, or y	our bank/building se	ociety manager.				
Please tick both boxes below t	o confirm that the relevent ident	ity check document	s are enclosed.				
	sport or full driving licence ent or utility bill		o discuss other docu	Ill driving licence, please contact us mentation which may be acceptable			
If certified copies are included w (continue on a separate sheet if	ith this application pack, please conecessary):	omplete the following	details for the per	rson(s) certifying the documents			
Certified by:							
Name:							
Address:							
			Postcode:				
Occupation:							
Telephone number:							

This application form, along with the relevant Prospectus, Key Investor Information Document and Supplementary Information Document each as amended from time to time, forms the agreement upon which Castlefield Fund Partners Limited intends to rely and will govern all sums now and in future invested unless the parties agree otherwise in writing. The current version of each document will be available on our website www.castlefield.com. For your own benefit and protection, you should read these terms carefully before signing them. If you do not understand any point, please ask for further information.

SECTION 9

The Declaration and Authority

I apply to subscribe to the Castlefield Stocks and Shares ISA and/or transfer my existing ISA to Castlefield Fund Partners Limited. I confirm that I have received financial advice/not received financial advice (delete as appropriate). I enclose a cheque for the lump sum/monthly contribution stated in section 3 made payable to Castlefield Fund Partners Limited.

I authorise Castlefield Fund Partners Limited to make any income payments as instructed in section 5, and/or redemption payments, to the bank or building society shown in section 4. Castlefield Fund Partners Limited does not accept any responsibility for the quotation of building society account numbers and the quotation of any such number(s) is entirely at the risk of the investor.

I understand that Castlefield Investment Funds is utilising the delivery versus payment exemption for the purpose of settling a transaction in relation to units in a regulated collective investment scheme and therefore my money may not be treated as client money for the period up to the close of business on the business day following the date of receipt of the money.

I declare that:

- I am aged 18 or over.
- I am resident in the United Kingdom for tax purposes, or if not so resident either perform duties which, by virtue of Section 28 of the Income Tax (Earnings and Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or am married to, or in civil partnership with a person who performs such duties, and will inform Castlefield Fund Partners Limited if I cease to be so resident, or to perform such duties, or be married to, or in a civil partnership with a person who performs such duties.
- All subscriptions made, and to be made, to the ISA belong to me and I am the beneficial owner of the funds being used for this ISA.
- I agree to be bound by the Terms and Conditions applicable to the ISA and give the warranties contained therein.
- The information given in this Application Form/Transfer Form is true and correct to the best of my knowledge and belief. I will notify Castlefield Fund Partners Limited without delay of any change in the information given.
- I understand that the transfer of my ISA may be delayed if this Transfer Form is not complete in all respects.

For a new ISA investment:

- I have not subscribed and will not subscribe more than the overall subscription amount in total to a Cash ISA, a Stocks and Shares ISA and an Innovative Finance ISA in the same tax year;
- I have not, and will not, subscribe to another Stocks and Shares ISA, an Innovative Finance ISA and a Lifetime ISA in the same tax year that I subscribe to this Stocks and Shares ISA.

I authorise Castlefield Fund Partners Limited:

- To receive and hold my cash subscriptions, ISA investments, interest, dividends and any other rights, or proceeds in respect of those investments and any other cash in the ISA.
- On my written request to transfer or pay to me, as the case may be, account investments, dividends, rights or other proceeds in respect of such investments, or any cash, held in the account.
- To make on my behalf any claims to relief from tax in respect of account investments.

SECTION 9 (continued)

Data Protection:

I agree to the following:

- The information I provide on this application form (or subsequently provide) will be held and processed by Castlefield Fund Partners Limited as data controller for the purposes of General Data Protection Regulation and the Data Protection Act 2018.
- Castlefield Fund Partners Limited may hold and process information for the administration of the service(s) for which I am currently applying or may apply for in the future, for the operation of my investment in units or shares (e.g. for registration and distribution purposes), for the purposes of statistical analysis and the marketing of goods or services by this company or other companies in the Castlefield Fund Partners Limited group. This data may be held for up to seven years after your investment ceases, in line with the Law.
- Castlefield Fund Partners Limited may transfer information to other companies in the Castlefield Fund Partners Limited for any of the above purposes. Such third party agents may be in countries located outside of the European Economic Area (EEA).
 Castlefield Fund Partners Limited will take steps to ensure that my privacy rights are respected since these countries may not have comprehensive data protection and other laws as countries in the EEA.
- Further information about how Castlefield Fund Partners may use your data is available in our privacy notice, which can be accessed at www.castlefield.com/privacy-notice
- If you would like your personal data to be used for marketing purposes, please tick this box
- Where a financial adviser acts on my behalf, Castlefield Fund Partners Limited will disclose information concerning my investment to that financial adviser.
- Save as noted above, Castlefield Fund Partners Limited will not provide to any other third party any information relating to me, unless I have given my consent or unless Castlefield Fund Partners Limited is required to do so by law.
- You are entitled to request details of information we may hold about and to require us to correct any inaccuracies in your personal data.
- I declare that I am aged 18 years old or older.

I enclose a cheque for the amount to be invested.

On signing this declaration, I confirm that I have read the latest Key Investor Information Document and Supplementary Information Document for the relevant share class of the Fund/s I apply to invest into.

Applicant Signature:	
Date:	

Note:

We may only accept Powers of Attorney (original or certified copy) due to physical or mental incapacity. For physical incapacity it must be accompanied by a written declaration by the person signing the application. A draft declaration can be obtained from Castlefield Fund Partners Limited. In the case of mental incapacity, the Power of Attorney must be registered and stamped by the Court of Protection.

ISA Transfer

If you need more instruction forms, please photocopy this sheet before completing.

Instruction to existing ISA Manager

Please transfer my existing ISA to Castlefield Fund Partners Limited as instructed below.

			1			
Please sell my entire holding	OR Please sell		of my holding	Estimated value		
Name of existing Plan Manager:						
Address of existing Plan Manager:						
					Postcode:	
					i ostoode.	
Account number:						
Account name:						
Signature:					Date:	
Note to existing Plan Manager: we co	onfirm that we a	re willing to a	cont the transfer	in the form of cash	only	
Twote to existing Flair Manager, we of	minim that we a	re willing to ac	scept the transier	in the form of easily	Offiny.	
Instruction to existing ISA Man						
Please transfer my existing ISA	to Castlefield	d Fund Parti	ners Limited as	instructed belov	w.	
Please sell my entire holding	OR Please sell		of my holding	Estimated value		
				L		
Name of existing Plan Manager:						
Name of existing Plan Manager: Address of existing Plan Manager:						
					Postcode:	
					Postcode:	
Address of existing Plan Manager:					Postcode:	
Address of existing Plan Manager: Account number: Account name:						
Address of existing Plan Manager: Account number:					Postcode:	

Note to existing Plan Manager: we confirm that we are willing to accept the transfer in the form of cash only.

Sort Code: 20 - 00 - 00

Address: Barclays, Churchill Place, Canary Wharf, London, E14 5HP

Identity Verification - to be completed by your financial adviser

Fina	ncial advisers, please co	mplete the following section		
Appli	cant:			
busin	of commencement of ess relationship MM/YYYY):			
I cert	ify that: (please tick as app	ropriate)		
	evidence has been obtain	of the Applicant in accordance with the M ed and identity checks have been under I are correct AND the details of the unde	taken to confirm that the Applicant	's name, address and date o
	Certified Copy Attached			
		by of passport or full driving licence		
		nk statement or utility bill (not older than ernet based bank statements and utility b		
OR				
	I have not verified the iden	atity of the Applicant for the following rea	son:	
	I confirm that the Applicar	nt is applying on his/her own behalf and	not as nominee or in a fiduciary cap	acity for any other person.
Finan	cial adviser signature:		Date:	
Finan name	cial adviser/Consultant :			
Comp	pany name:			
Α	DMINISTRATION QUER	ES		
F	or any administration que	ries, you can contact us at:		
С	astlefield Fund Partners Lir	nited, Hamilton Centre, Rodney Way, Che	elmsford, CMI 3BY.	
T:	0345 026 4284 E:	castlefield@maitlandgroup.co.uk	W: www.castlefield.com	Fax: 0845 2802419
F	or your protection, calls ma	y be monitored and recorded for training	and quality assurance purposes.	
aı O	uthorised and regulated by	e of Castlefield Fund Partners Limited (C the Financial Conduct Authority. Numb ester M1 2HY. Part of the Castlefield em	er 229057. Registered in England N	No. 04605261. Registered
С	ASTLEFIELD BANKING	DETAILS		
С	astlefield Fund Partners C	Client Money Account:		

Client Money Account: 53734048

11



Business Perspective Investors

8th Floor, 111 Piccadilly, Manchester, M1 2HY
0161 233 8696 • contact@sanford-deland.com • Sanforddeland.com

RGISASDL/140619

Sanford DeLand Asset Management Ltd (SDL) is registered in England & Wales No. 07197573. Registered office: 8th Floor, 111 Piccadilly, Manchester, M1 2HY. SDL is an Appointed Representative of Castlefield Investment Partners LLP (CIP), which is authorised and regulated by the Financial Conduct Authority and is a member of the London Stock Exchange. CIP is registered in England & Wales No. OC302833.

If you need advice as to the suitability of the investments then you need to speak to a Financial Adviser. Past performance is not a guide to the future. The price of units and shares and the income from them may go down as well as up and you may get back less than you invested. For your protection when dealing, your call may be recorded and monitored. Reference to any particular stock does not constitute a recommendation to buy or sell the stock.



THE THOUGHTFUL INVESTOR