

DIRECT AND ISA APPLICATION FOR THE 10Y FIXED GROWTH RECALLABLE PLAN (CIBC17)

Before proceeding with the application, we need to ask some questions to determine whether the Plan is appropriate for your investment needs, and that you have the knowledge and experience required to understand the risks associated with an investment in the Plan.

Which of these types of investment have you held in the past? Please tick ALL that apply.

- Company shares
 - Actively managed funds
 - Spread bets
 - Tracker funds (ETFs)
 - Structured Products
 - Other (please specify below)
-

How many years have you been investing?

- 10 years or more
- Up to 10 years
- Up to 5 years
- Up to 2 years
- I have no investment experience

Based on your personal circumstances, please select the most appropriate option:

- I work in the financial industry and consider myself to be very knowledgeable on financial matters
- I follow financial markets closely and consider myself something of an expert
- I am interested and knowledgeable in financial markets, but don't consider myself an expert
- I am somewhat interested and/or knowledgeable in financial matters
- I do what I must out of necessity but am not particularly knowledgeable or interested in financial matters

How many times a year do you buy investment products (on average)?

- More than 10 times
- 6 to 10 times
- 3 to 5 times
- 1 to 2 times
- Less than 1 time
- This will be my first investment product

What are your household investable assets? Please exclude the value of your main residence and any funds you may require access to for the term of this product.

- | | | |
|---|---|--------------------------|
| <input type="checkbox"/> Over £1 million | <input type="checkbox"/> £500,000 to £1 million | <input type="checkbox"/> |
| <input type="checkbox"/> £250,000 to £500,000 | <input type="checkbox"/> £200,000 to £250,000 | <input type="checkbox"/> |
| <input type="checkbox"/> £150,000 to £200,000 | <input type="checkbox"/> £100,000 to £150,000 | <input type="checkbox"/> |
| <input type="checkbox"/> £50,000 to £100,000 | <input type="checkbox"/> £25,000 to £50,000 | <input type="checkbox"/> |
| <input type="checkbox"/> £10,000 to £25,000 | <input type="checkbox"/> Less than £10,000 | <input type="checkbox"/> |

What's the highest level of education you've received?

- | | | |
|--|---|--------------------------|
| <input type="checkbox"/> Masters / PhD | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> |
| <input type="checkbox"/> A Level or equivalent | <input type="checkbox"/> Vocational qualification | <input type="checkbox"/> |
| <input type="checkbox"/> GCSE or equivalent | <input type="checkbox"/> None | <input type="checkbox"/> |

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For each of the statements below, please check the box if you agree:

- I have at least £3,000 to invest as a lump sum.
- I am looking to receive a return when the Plan matures, rather than a regular income.
- I already have a larger investment portfolio made up of different types of savings and investments.
- I am comfortable with leaving my money invested for up to ten years and I will have access to other money during this period for emergencies.
- I am comfortable that the Plan may mature earlier than expected
- I understand the return is fixed and I cannot earn more than this.
- I accept that if I sell the Plan early, the amount I receive will depend on the value of the Plan on the date of the sale and could be less than my Amount Invested.
- I accept that the return and any repayment of my Amount Invested are not covered by the FSCS and depend on the Issuer being able to meet its payment obligations.
- I accept the personal tax implications of investing in the Plan.
- I understand and accept the risks associated with this investment.

If there is anything in the statements that you do not understand, please refer back to the brochure or consult a financial adviser who can determine the suitability of the plan based on your own individual circumstances.

If you do not agree with ALL the statements above, this Plan MAY NOT be appropriate for you.

Your Details

Title (Mr/Mrs/Miss/Ms/Other):	<input type="text"/>
Forename(s):	<input type="text"/>
Surname:	<input type="text"/>
Email Address:	<input type="text"/>

Signature:

Date:

Please return this form via email to info@hopinvesting.com.

Once we have reviewed your information and confirmed you can proceed, we will email you a link to our Verification of Identity process.
