Crédit Agricole
Memory Income Kick Out Plan
January 2027

Direct, New ISA and ISA Transfer Application Form

KEY DATES

ISA transfer deadline:	08 January 2027
Cheque application deadline:	22 January 2027
Application deadline:	22 January 2027
Start Level Date:	29 January 2027

ISIN: XS3441471912

Can we help you?

If you or your financial adviser needs help completing the form, please contact our Administrator and Custodian, telephone calls may be recorded.

Tel: 01253 831 165

Email: idad.applications@jbrearley.co.uk

Please send completed applications including the required supporting documentation to:

James Brearley, Walpole House, Unit 2, Burton Road, Blackpool, FY4 4NW

Please note that we cannot accept your application unless you have either received financial advice or had the appropriateness of this investment assessed by an FCA regulated financial adviser.

Application Checklist: Please follow the instructions below when completing and submitting your application. Please note these are guidelines only and when the application is received more information may be requested for successful account setup.

Requirements for all applications:

- ☐ Before any business can be accepted an IDAD Terms of Business form must be completed by the financial adviser and submitted to IDAD for approval. (This only needs to be completed the first time a financial adviser submits an application form.)
- ☐ Application form must be completed in full, filling in all required fields.
- ☐ Section titled "Financial Adviser Section" must be completed in full by the financial adviser.
- ☐ Funds must be submitted from an account in the client's own name. Funds received from third party accounts cannot be accepted.
- ☐ Funds must be sent to the Administrator and Custodian within the respective deadlines set forth above. The amount sent must match the amount in the application.

Please be aware that all applicants must be either a UK citizen or resident in the UK or a crown dependency.

Please complete this form using BLOCK CAPITALS and black ink.

Please fill in the name of your financial adviser and firm here:	
Financial adviser name:	
Financial adviser firm:	

PAYMENT INFORMATION

If you are paying by bank transfer tick here: ☐ **Please send the investment amount to the following account:**		If you are paying by cheque please make it payable to: **James Brearley & Sons Limited.**
Account name:	**James Brearley & Sons Limited**	Please note that your payment should be made from an account held in your name. Your application will be rejected if payment is not made from an account held in your name. Important: If you do not quote the reference you use when transferring your payment in support of your application it may not be possible to connect your Application Form with your payment and this may lead to your application being rejected. No liability will be accepted where this occurs if you have not quoted a reference number on your payment transfer and on this Application Form.
Account number:	**10491689**	
Bank sort code:	**16-14-12**	
Bank:	**Royal Bank of Scotland**	
Please quote your name in the reference.		

SECTION 1 – YOUR DETAILS

ISA investments are NOT available as a joint investment – each applicant must complete a separate application.

	First Investor	Second Investor (if applicable)
Title (Mr/Mrs/Miss/Ms/Other):		
Surname:		
Full first name(s):		
Permanent address		
Building name/number:		
Street name:		
District:		
City/Town:		
County:		
Postcode:		
Country:		
Date of birth:		
Nationality:		
Country of birth:		
Telephone (day):		
Telephone (evening):		

SECTION 1 – YOUR DETAILS CONTINUED

ISA investments are NOT available as a joint investment – each applicant must complete a separate application.

	First Investor	Second Investor (if applicable)
Are you resident in the UK for tax purposes?	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, please provide your National Insurance (NI) number.	
National Insurance (NI) number:		
Are you a US citizen?	☐ Yes ☐ No	☐ Yes ☐ No
Are you a resident for tax purposes in any other country?	☐ Yes ☐ No	☐ Yes ☐ No
	If no, move to next question If yes, please indicate addresses and Tax Identification Numbers (TIN) for all countries you are a resident for the purposes of that country's tax.	
Building name/number:		
Street name:		
District:		
City/Town:		
County:		
Postcode:		
Country:		
TIN:		

DIRECT INVESTMENT ON BEHALF OF A CHILD (UNDER 18)

Please complete the child's name here:

Full name:	
Date of birth:	

SECTION 2 – YOUR EMAIL ADDRESS

Please provide a valid email address to enable us to provide you with access to the James Brearley web portal. We are unable to accept any applications without a valid email address.

Email address:	

SECTION 3 – INVESTMENT AMOUNT – DIRECT, NEW ISA INVESTMENTS AND ISA TRANSFERS

The minimum investment is £10,000. For this year's ISA tax allowances please refer to the HMRC website (www.gov.uk).

ISIN:	XS3441471912	
Amount you are sending as an ISA investment (26/27):		
Approximate value of all ISAs being transferred:		
Amount you are sending as a Direct investment:		
Adviser fee to be paid to your Professional Adviser:		
Total gross plan investment:		
Funding from other James Brearley account(s)	**£**	**Account number(s):**
Total amount being sent by cheque or electronic funds transfer:		

Please note, if you request us to pay Adviser Fees from the transfer amount, you will permanently lose the ISA entitlement relating to the amount paid to your adviser.

Investments made by bank transfer: If you are making your investment by bank transfer, please tell your bank or building society to include a reference with the transfer in the format 'IDAD' followed by your name.

Please enter the reference you used - IDAD _____

If you do not include the reference with your transfer it may not be possible to connect your funds with this application and this may delay your application or lead to it being rejected.

SECTION 4 – YOUR BANK ACCOUNT DETAILS FOR PAYMENTS

Bank/Building Society:	
Account name:	
Reference or roll number:	
Sort code:	
Account number:	

Important: Please note that for any remittance of monies to be made to you, the bank account details you have provided need to have been verified as yours. If you have sent a cheque in support of this application and the account the cheque has been drawn on is the same as the account above, then your cheque can provide the evidence needed for verification. If you send your Payment in support of this application electronically, you may need to provide additional documentation that verifies the account details above as yours.

Documentation that is acceptable as verification evidence include an original bank statement for the account detailed above showing your name and address or an original cheque (which can be crossed as "void" for security purposes).

SECTION 5 – ADDITIONAL ANTI-MONEY LAUNDERING INFORMATION

Under the rules and guidance of the Financial Conduct Authority, James Brearley has a regulatory obligation to manage the risk that its business may be used to further financial crime. In order to meet these regulatory obligations certain information is needed from you.

	Source of funds			
(Please tick as applicable) **What is the source of the funds being used to support this application?**	Trust assets Estate	☐	Personal savings	☐
	Assets Pension	☐	Property sale	☐
	Fund other (please state)	☐	Bequest	☐

SECTION 6 – EXISTING ISA TRANSFER REQUEST

Please complete an existing ISA transfer request for each ISA transfer request you are making into this Plan.

	If you are transferring more than one ISA, please photocopy this form and sign a separate form for each ISA you are transferring. You will need to sign each transfer request. Photocopied signatures cannot be accepted. Please note that an ISA for the current tax year can only be transferred in full. **I confirm that I wish to transfer my existing ISA**
Title (Mr/Mrs/Miss/Ms/Other):	
Surname:	
Full first name(s):	
Date of birth:	
National Insurance (NI) number:	
Permanent address:	
Postcode:	
Name and address of existing ISA plan manager:	
Postcode:	
Email address of existing ISA manager:	
Plan manager's phone number:	
Account number of the ISA:	Sort code:
(Minimum amount £10,000)	☐ Full (Estimated) ☐ Partial (Exact) **Existing ISA plan manager instructions:** 1. I instruct the manager of the ISA shown above to give James Brearley & Sons Limited any information they may need to enable the transfer of my Plan, to sell any ISA assets and send either a BACS payment directly to the client account of James Brearley & Sons Limited, being Royal Bank of Scotland (Sort Code 16-14-12 Account Number 10491689) or a cheque made payable to James Brearley & Sons Limited for the proceeds to: Outsourced Administration Services, James Brearley & Sons Limited, PO Box 34, Unit 2 Burton Road, Blackpool, Lancashire, FY4 4WX. If there is a problem, please contact us on 01253 831 165. 2. All dividends, interest and tax credits arising after the transfer should be made payable directly to me.
Signature:	
Date:	

SECTION 7 – DATA PROTECTION

You authorise us to hold and process the information supplied on the application form as a data controller for the purposes of the General Data Protection Regulation (GDPR). We will hold and process information for the administration of this and any future application, for the operation of your investment, for statistical analysis and for marketing goods and services. You also authorise us to transfer information you provide on your application form (or subsequently) to IDAD. They will only use such data for purposes ancillary to their role as Plan Manager, including but not limited to hedge management, dealing with queries, fulfilling their regulatory obligations, statistical analysis and marketing on the Plan's maturity. Your data will be used for no other purposes.

You authorise the disclosure of your information concerning your investment to a financial adviser acting on your behalf. You are entitled to request details of any of your personal data we may hold and to require us to correct any inaccuracies.

DECLARATION AND AUTHORITY

I declare that:

1. I am 18 years of age or over and I am neither based nor living in the United States nor a U.S. Person (as defined in Regulation S under the U.S. Securities Act of 1933, as amended, or as defined in the U.S. Internal Revenue Code of 1986, as amended).
2. All subscriptions made belong to me.
3. I authorise James Brearley & Sons Limited:
   - (a) to hold my cash subscription, investments, ISA investments, interest and other rights or proceeds in respect of those investments and any cash or other proceeds;
   - (b) to make on my behalf any claims to relief from tax in respect of ISA investments.
   - (c) to deduct the Adviser Fee as stated in section 4 of my application form, from my total investment and pay this to the named Financial Adviser firm.
4. I have read and understood the information contained in the brochure which refers to Counterparty Risk and understand that should the Counterparty fail to meet its obligations to pay the amount due from my Investment, I may not receive back my investment and may not be entitled to any compensation.
5. I have read and understood "Is this investment suitable for you?" and "Risks" and confirm that the terms set out within the brochure are acceptable to me as the investor.
6. I understand that past performance is not a guide to future performance.
7. I understand that the extent and value of any tax advantages or benefits arising from the use of tax-advantaged services such as ISAs and SIPPs will vary according to my circumstances. The levels and bases of taxation may also change.
8. I understand that in compliance with the FCA rules, telephone calls will be recorded.
9. I understand that early encashment is likely to lead to some loss of capital.
10. (Only if you are applying to subscribe for an ISA) I have not subscribed / made payments and will not subscribe / make payments, more than the overall subscription / payment limit to a Cash ISA, Stocks and Shares ISA, Innovative Finance ISA or Lifetime ISA in the same tax year and 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 Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to or in a civil partnership with a person who performs such duties. I will inform you 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.
11. I undertake to advise James Brearley & Sons Limited promptly of any change in circumstances which causes the information contained herein to become incorrect or incomplete and to provide James Brearley & Sons Limited with an updated declaration within 30 days of such a change in circumstances.
12. I am aware that in certain circumstances James Brearley & Sons Limited will be obliged to share this information with UK tax authorities, who may pass it on to other tax authorities.

We have read and understood the relevant Key Information Document (KID) and the Plan brochure including the Terms & Conditions and accept the terms under which the Investment will be managed. We declare that this application form has been completed to the best of our knowledge and belief. We understand that the producers of this brochure have not provided investment advice and confirm that we are making this application through a financial adviser (and have taken taxation advice if appropriate) and we wish to make this investment.

	First signature:	Joint signature: (for direct investments only)
Signature:		
Print name:		
Date		

SECTION 9 – FINANCIAL ADVISER SECTION (FINANCIAL ADVISER USE ONLY)

Please ensure you have completed, signed and returned an IDAD Terms of Business.
A copy can be requested from **emily.goldring@idad.com**
If an IDAD Terms of Business Form has not been completed and approved, we will be unable to process any applications.

Name of adviser:	
Name of company:	
Address:	
Postcode:	
Telephone number:	
Email address:	
Are you a member of a network or directly authorised?	Please tick as appropriate: ☐ Network ☐ Directly authorised
If you have selected network, please state which network:	
Your FCA (or equivalent) registration number:	
Have you deemed this client as Vulnerable?	☐ Yes. We have omitted the "no" tick box as we will assume if not ticked the client is not identified as vulnerable.

Suitability (For Advised applications only)

Please confirm that you have provided a copy of this Plan's Key Information Document (KID) and brochure and disclosed the associated risks of this Investment and that you have conducted the required suitability assessment and that you consider this product to be suitable for your client.

Appropriateness (For Execution Only applications)

Please confirm that you have provided a copy of this Plan's Key Information Document (KID) and brochure and confirmed the appropriateness of this investment and that you consider this product to be appropriate for your client.

Please advise on what basis this application has been submitted and only tick one of the boxes:

☐ Advised

☐ Execution Only

Verification of Identity

Please be aware that we have obligations under UK Anti Money Laundering (AML) regulations and reserve the right to request further evidence of identity so as to be able to fulfil these requirements. Depending on the circumstances, where we considerwe have not been able to fulfil these obligations, we may decide not to proceed with an application.

Adviser Declaration:	I confirm that all dealings with the investor have been carried out in accordance with the requirements of the FCA Handbook and in accordance with my obligations under IDAD/JBS' current Terms of Business. I acknowledge my responsibility to evaluate all information on the Plan and confirm that where I have given advice, I have the necessary knowledge and experience to be deemed competent to assess the Plan and its suitability to an applicant's circumstances and investment objectives. I declare that this application has been completed to the best of my knowledge and belief and I have agreed any adviser charge with the applicant.
Signature:	
Date	



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