

JUMP SAVINGS PLAN APPLICATION FORM

Mandatory fields marked with*

Please complete this form in BLOCK CAPITAL letters, sign and return it to Jump, PO Box 10828, Chelmsford, CM99 2BN. If you are a US Citizen, domiciled and/or tax resident in the USA we are unable to open an account for you in order to comply with US law. **Please read this form in conjunction with the Jump Key Features & Terms and Conditions. Please note all correspondence will be sent to the first named account holder.**

1. Your Personal details	
Your title*	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other title <input type="text"/>
First name*	<input type="text"/>
Surname*	<input type="text"/>
Email address*	<input type="text"/>
Mother's maiden name*	<input type="text"/>
Date of Birth*	<input type="text" value="DD - MM - YYYY"/>
Your permanent home address* House number or name*	<input type="text"/>
Address details*	<input type="text"/>
Postcode*	<input type="text"/>
Daytime telephone number*	<input type="text"/>
Place of birth*	<input type="text"/>
Nationality*	<input type="text"/>
Please enter in the box below the full name of the child on whose behalf you are investing in Jump - their initials will be used to designate the account*	Child's date of birth* <input type="text" value="DD - MM - YYYY"/>
If you are an existing Jump customer please enter you account number*	<input type="text"/>
Country/Countries of tax residency* <small>(If you are a tax resident in Jersey, Guernsey, Isle of Man and/or Gibraltar, please include the name of the Crown Dependency and/or Overseas Territory)</small>	
Country	National Insurance or Tax Residency number
<input type="text"/>	<input type="text"/>
If you are not resident in any country for tax purposes, please mark a cross in the box	<input type="checkbox"/>

For internal use only

2. Joint applicant details (if applicable)

Your title*	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other title <input type="text"/>						
First name*	<input type="text"/>										
Surname*	<input type="text"/>										
Email address*	<input type="text"/>										
Mother's maiden name*	<input type="text"/>										
Date of Birth*	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Your permanent home address* House number or name*	<input type="text"/>										
Address details*	<input type="text"/>										
	<input type="text"/>										
Postcode*	<input type="text"/>	Daytime telephone number*	<input type="text"/>								
Place of birth*	<input type="text"/>	Nationality*	<input type="text"/>								
Please enter in the box below the full name of the child on whose behalf you are investing in Jump - their initials will be used to designate the account*	<input type="text"/>				Child's date of birth*						
	<input type="text"/>				<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If you are an existing Jump customer please enter you account number*	<input type="text"/>										
Country/Countries of tax residency* <small>(If you are a tax resident in Jersey, Guernsey, Isle of Man and/or Gibraltar, please include the name of the Crown Dependency and/or Overseas Territory)</small>	<input type="text"/>										
Country	<input type="text"/>			National Insurance or Tax Residency number	<input type="text"/>						
	<input type="text"/>				<input type="text"/>						
	<input type="text"/>				<input type="text"/>						
	<input type="text"/>				<input type="text"/>						
If you are not resident in any country for tax purposes, please mark a cross in the box	<input type="checkbox"/>										

3. IFA (Independent Financial Adviser) Use Only

IFA FCA code

4. Banking details - Please complete this so we can make payments direct to your bank account

Name(s) of account holder(s)*	<input type="text"/>								
	<input type="text"/>								
Name of bank/building society*	<input type="text"/>								
Branch sort code*	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Bank/building society account number*	<input type="text"/>		

5. Your preferences*

- I would like dividends to be: Reinvested or Paid out (to my nominated bank account in section 4)
- I would like to receive the Annual and Half Year Reports: by post or by email notification
- I would like to pay my Annual Management Fee:
By direct debit (please complete section 7) or for Witan Investment Services to sell my shares to cover the fee
- If you are considering placing your Jump Plan in a Bare Trust you will need a Jump Bare Trust pack. You can download it from our website www.jumpsavings.com or mark a cross in the box if you would like it sent to you.

Please note: You will need to complete the declaration of trust which is contained in the Jump Bare Trust pack, please **DO NOT** return this to us, it is to be retained for your own record.

6. Your instructions - Please instruct how you would like to invest*

<p>Value £ <input style="width: 50px; border: 1px solid black;" type="text"/> . <input style="width: 50px; border: 1px solid black;" type="text"/></p> <p style="text-align: center;">Lump Sum (Min £250)</p> <p>Please enclose a cheque made payable to Jump Savings Client a/c</p>	£	<p><input style="width: 50px; border: 1px solid black;" type="text"/> . <input style="width: 50px; border: 1px solid black;" type="text"/></p> <p style="text-align: center;">Regular Sum (Min £50)</p> <p>Your bank account will be debited on the 15th day of the month or next working day thereafter.</p>
<p>For Regular Sum - please advise frequency of payments required: <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly</p>		

7. Direct Debit Details - Please complete this to set up regular payments and/or your Annual Management Fee (must be same as section 4)

<p>Witan Investment Services Limited</p> <p style="text-align: center;">Instruction to your bank or building society to pay by Direct Debit</p> <p>Please fill in the form and send to: Jump, PO Box 10828, Chelmsford CM99 2BN. Name and full postal address of your bank or building society</p> <p>To: The Manager Bank/building society</p> <p>Address</p> <p>Postcode</p> <p>Name(s) of account holder(s)</p> <p>Branch sort code <input style="width: 50px; border: 1px solid black;" type="text"/></p> <p>Bank/building society account number <input style="width: 100px; border: 1px solid black;" type="text"/></p>	<p>Service user number</p> <p><input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/></p> <p>Reference</p> <p><input style="width: 100%; border: 1px solid black;" type="text"/></p>	<p style="text-align: right;"> DIRECT Debit</p> <p>Instruction to your bank or building society. Please pay Witan Investment Services Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Witan Investment Services Limited and, if so, details will be passed electronically to my bank/building society.</p> <p>Signature(s) <input style="width: 100%; border: 1px solid black;" type="text"/></p> <p>Date <input style="width: 100%; border: 1px solid black;" type="text"/></p>
<p>Banks and building societies may not accept Direct Debit Instructions for some types of account. DD15</p>		

8. Declarations

I/We declare that

I am/we are over 18 years of age and wish to open a Jump Savings Plan as indicated in this Application Form.

I/we agree to be bound by the Jump Key Features & Terms and Conditions for my/our own records.

I/we permit Witan Investment Services Limited to submit the data provided by me/us in this application to Experian or any other third party used by Witan Investment Services Limited for the purposes of database searching to verify my/our identity and prevent fraud. A record of the search will be retained.

Signature*

Date*

Joint Applicant (if any)

Signature

Date*

I/we agree Witan Investment Services Limited may also contact me/us about other services and products which may be of interest to me/us. (If you do not want to be contacted, you can write to us at any time).

I/we do not want to be contacted (please mark a cross in the box)