

Elite LWM East-West Value Fund

Trustee Application Form (Including SIPP & SSAS)



Adding Value

PLEASE COMPLETE THIS APPLICATION IN BLACK INK AND IN BLOCK CAPITALS

Designation Details *(if applicable)*

Designation Name
Designation Number

Personal Details - FIRST TRUSTEE

Title	Surname
Forename(s)	
Permanent Residential Address	
Post Code	
Date of Birth	
Telephone (Daytime)	
Telephone (Evening)	

Personal Details - SECOND TRUSTEE

Title	Surname
Forename(s)	
Permanent Residential Address	
Post Code	
Date of Birth	
Telephone (Daytime)	
Telephone (Evening)	

Personal Details - THIRD TRUSTEE *(IF APPLICABLE)*

Title	Surname
Forename(s)	
Permanent Residential Address	
Post Code	
Date of Birth	
Telephone (Daytime)	
Telephone (Evening)	

Personal Details - FOURTH TRUSTEE *(IF APPLICABLE)*

Title	Surname
Forename(s)	
Permanent Residential Address	
Post Code	
Date of Birth	
Telephone (Daytime)	
Telephone (Evening)	

Investment Details

Elite LWM Value Portfolio Sub-Fund	Share Type	Lump Sum Retail Shares <i>(minimum £5,000)</i>	Monthly Savings Plan Retail Shares <i>(minimum £100 per month)</i>
Elite LWM East-West Value Fund	Retail Income	£	£

Income Details

Do you wish to reinvest any income generated to purchase further shares in the Elite LWM East-West Value Fund?

YES NO

(If you have selected NO, please complete the section below to confirm where the income should be paid. As all income is paid by BACS direct credit, you must ensure that the bank account detailed below can accept payments by this method. If you do not supply verified bank details, any income declared will automatically be reinvested to purchase additional shares).

Bank Name	Sort Code
Bank Address	Account Name
	Account Number
	Roll Number

Account must be in the name(s) of the Investor(s). Documented proof must be sent with the application.

Declaration

We confirm that:

- The information given on this application at the date of signing is true, complete and correct to the best of our knowledge and belief.
- We declare that we have received, read and retained a copy of the relevant Simplified Prospectus and that we have been offered a copy of the full Prospectus and the Authorised Corporate Director's Report for the Elite LWM Value Portfolio.
- We undertake to advise Elite Fund Administration immediately in writing of any changes in the information contained in this Application Form, including any changes to any of the registered holders.
- We confirm that we have the full power to make this investment and have taken all action necessary to authorise the completion of this application and the person(s) signing this Application Form have full power and authority to do so on our behalf.
- I understand that Elite Fund Administration may require further information from us, to satisfy the requirements of the Money Laundering Regulations in force.

Cancellation Rights

Under the Financial Services Authority's Conduct of Business Sourcebook, cancellation rights will apply where the contract was arranged through an independent intermediary, unless they hold an appropriate Customer Agreement with you or dealt on your behalf on an execution-only basis. A copy of the Prospectus is available, free of charge, on request. A copy of this completed Application Form is available on request. If Cancellation Rights **do apply** please tick this box

Data Protection Act

The details you have provided will be held on computer by Elite Fund Administration, but will not be used or shared for any purpose except to fulfil its obligations to shareholders in the administration, management and promotion of the investment and Investment Company.

First Trustee Signature	Date
Second Trustee Signature	Date
Third Trustee Signature <i>(if applicable)</i>	Date
Fourth Trustee Signature <i>(if applicable)</i>	Date

APPLICATION CHECKLIST

Please make sure you have:

- Completed all relevant sections of the Application Form
- Signed the Application Form
- Completed the Direct Debit Mandate, if applicable
- Enclosed a cheque for the appropriate sum payable to '**WAY Fund Managers Limited**', if applicable.
 - *In order to comply with the UK law on money laundering, cheques must be drawn on your own account or a joint account with your spouse. If you ask your bank, building society or regulated financial adviser to draw the cheque, they must state on the cheque that the funds have been drawn from an account in your name. For example, the payee would be '**WAY Fund Managers Limited (Re: A.N. Other)**'. Alternatively, ask them to write your name and address on the reverse of the cheque and add the bank / building society / financial adviser stamp and signature to confirm the money is drawn from your account.*
- Enclosed a certified or original Authorised Signatory List
- For a monthly savings plan, please ensure that verification of the bank details is supplied with this Application Form

INTERMEDIARY DETAILS

IFA Name	Intermediary Stamp
Address	
Post Code	
Telephone Number	
Email Address	
FSA Number	
Intermediary Comments	

PLEASE SEND COMPLETED APPLICATION FORM TO

Elite Fund Administration
WAY Fund Managers Limited
Cedar House
3 Cedar Park, Cobham Road
Wimborne, Dorset
BH21 7SB

If you have any questions regarding the completion of this Application Form, please call LWM Distribution on 0845 800 4150



LWM Distribution LLP
Atlantic House, Charnwood Park, Waterton, Bridgend, CF31 3PL
Telephone: 0845 800 4150 Facsimile: 0870 622 0219



WAY Fund Managers

WAY Fund Managers Limited
Cedar House, 3 Cedar Park, Cobham Road, Wimborne, Dorset, BH21 7SB
Telephone: 0120 285 5856 Facsimile: 0120 285 5850