

Personal Details (Please complete in BLOCK CAPITALS)

Please provide separate details for each joint or designated applicant. Joint applicants must each sign. In the case of joint holders, all payments and correspondence will be sent to the first named holder.

Please note: Trusts must be set up in individual's names – designations can be used.

Sole or first named joint applicant

| | |
|---|--|
| Title (Mr/Mrs/Miss/Ms/Other) : | Daytime Telephone Number : |
| Surname : | Nationality : |
| Forename(s) : | Town & Country of Residence : |
| Permanent Address : | Place of Birth (Town or City) : |
| | Country of Birth : |
| | National Insurance Number : or |
| Postcode : Date of Birth : | *Tax Identification Number : |
| Existing Account No. (if applicable) : | *Only if available, not all countries operate a system of Tax Identification Numbers |

If your application is on behalf of a child, please write the child's initials here.

If your application is on behalf of a trust, please write the designation here.

Second named joint applicant

| | |
|---|--|
| Title (Mr/Mrs/Miss/Ms/Other) : | Daytime Telephone Number : |
| Surname : | Nationality : |
| Forename(s) : | Town & Country of Residence : |
| Permanent Address : | Place of Birth (Town or City) : |
| | Country of Birth : |
| | National Insurance Number : or |
| Postcode : Date of Birth : | *Tax Identification Number : |
| Existing Account No. (if applicable) : | *Only if available, not all countries operate a system of Tax Identification Numbers |

Third named joint applicant

| | |
|---|--|
| Title (Mr/Mrs/Miss/Ms/Other) : | Daytime Telephone Number : |
| Surname : | Nationality : |
| Forename(s) : | Town & Country of Residence : |
| Permanent Address : | Place of Birth (Town or City) : |
| | Country of Birth : |
| | National Insurance Number : or |
| Postcode : Date of Birth : | *Tax Identification Number : |
| Existing Account No. (if applicable) : | *Only if available, not all countries operate a system of Tax Identification Numbers |

Fourth named joint applicant

| | |
|---|--|
| Title (Mr/Mrs/Miss/Ms/Other) : | Daytime Telephone Number : |
| Surname : | Nationality : |
| Forename(s) : | Town & Country of Residence : |
| Permanent Address : | Place of Birth (Town or City) : |
| | Country of Birth : |
| | National Insurance Number : or |
| Postcode : Date of Birth : | *Tax Identification Number : |
| Existing Account No. (if applicable) : | *Only if available, not all countries operate a system of Tax Identification Numbers |



Investment Details

| I/We wish to invest: | *Lump Sum | Class A Shares | Class B Shares |
|--|------------------------|----------------------|----------------------|
| CF Progressive UK Smaller Companies Fund | £ <input type="text"/> | <input type="text"/> | <input type="text"/> |

*Minimum lump sum investment: £100,000 for Class A Shares and £10,000 for Class B Shares.

Your cheque should be made payable to 'Capita Financial Managers Limited'. Investors may also make direct payments (in Pounds Sterling only) to the following bank account:

Barclays Bank plc, 50 Pall Mall, London, SW1Y 5AX
Account : Capita Financial Managers Limited
Account Number : 30290122
Sort Code : 20-67-59

Please note: This application when accepted by Capita Financial Managers Limited will constitute a binding contract and be evidenced by the issue of a contract note or allocation letter. No other acknowledgement will be issued at the time of application and only in the event of a query will there be further communication.

If you wish to take regular income from your investment, please tick this box and complete your bank details below.

If you do not indicate that you want an income paid out to you, we will automatically reinvest your income by purchasing additional shares.

I agree to opt for quarterly statements.

Data Protection Act: We may forward your details to the Investment Manager, in order for them to send periodic information to you. If you do not wish to receive this information, please tick the opt out box.

Money Laundering: To comply with the Money Laundering Regulations 2007 (as amended or replaced from time to time), Capita may ask you to supply evidence of your identity and your address. In addition, these details may be validated against any database (public or other) to which we may have access and a record will be retained should we do so.

Should we require you to provide evidence of your identity and address then we will ask you to provide either original or certified copy documents which are personal to you and which will enable Capita to fulfil its regulatory obligations. Where original documents are provided, these will be copied for Capita's sole record-keeping purposes and the originals will be returned to you.

Please note that in certain circumstances we reserve the right to withhold redemption proceeds until we receive satisfactory proof of identity.

Savings Directive: For investors who are resident outside the United Kingdom for tax purposes, if certain conditions apply, information regarding your investment and any interest paid may be passed to HM Revenue & Customs in order to be passed to other tax authorities. For further information please see the Simplified Prospectus.

Marketing: We may forward your details to the Investment Adviser in order for them to send periodic information to you.

If you do not wish to receive this information, please tick the opt out box.

Declaration: To be completed by all applicants.

I/we confirm that I/we have read and understood the information contained in this form and confirm that a copy of the Simplified Prospectus has been supplied to me/us. I/we request and authorise Capita Financial Managers Limited to act in accordance with my/our instructions.

| | | | |
|-------------|----------------------|--------|----------------------|
| Signature : | <input type="text"/> | Date : | <input type="text"/> |
| Signature : | <input type="text"/> | Date : | <input type="text"/> |
| Signature : | <input type="text"/> | Date : | <input type="text"/> |
| Signature : | <input type="text"/> | Date : | <input type="text"/> |

If you have any queries please phone 0845 300 2110. For your protection telephone calls are recorded.
Please send the completed form, together with a cheque made payable to 'Capita Financial Managers Limited' if appropriate, to:
Capita Financial Managers Limited, 2 The Boulevard, City West One Office Park, Gelderd Road, Leeds, LS12 6NT.

Adviser's Declaration

I accept that this application is governed by Capita Financial Managers Limited Terms of Business, a copy of which has been or will be supplied to me.

I hereby indemnify Capita Financial Managers Limited for any loss suffered should it subsequently be discovered that the applicant(s) was/were entitled to cancellation rights and no cancellation notice was sent as a result of the undernoted.

I confirm that the applicant(s) named in this application is/are entitled to cancellation rights under the Conduct of Business (Cancellation) Rules.
(Tick only if cancellation rights apply)

Or, I confirm that the applicant(s) named in this application is/are not entitled to cancellation rights under the Conduct of Business (Cancellation) Rules because:

- The applicant(s) is/are subject to a customer agreement waiving such rights.
- The applicant(s) responded to an 'off the page' advertisement as defined by the Financial Services (Conduct of Business) Rules.
- The application form was completed outside the United Kingdom as the result of either advice given by me or an advertisement issued outside the United Kingdom.
- The applicant is an execution only customer.
- We confirm we have undertaken money laundering checks in line with the current regulations.

Should you wish to rebate all or part of your commission entitlement, please indicate the amount to be rebated in the box below.

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Adviser/Agent Stamp & Authorisation