

# Trade instruction form – Non-Managed Investment Account

This form should be used if you already hold a Non-Managed Investment Account and wish to:

1. Fully liquidate/close your investment account – complete sections 2, 4 & 7
2. Make a partial withdrawal – complete sections 3, 4 & 7
3. Switch/reinvest funds – complete sections 3 & 5
4. Invest new/additional funds – complete sections 5 & 6

All clients must also complete Section 1 (Account details) and read the important notes in Section 9 before signing.

## 1. Account details

Investment account number	<input type="text"/>	Contact telephone number	<input type="text"/>
Investment account name	<input type="text"/>	Email address	<input type="text"/>

## 2. Full liquidation/investment account closure request

I/we wish to liquidate all holdings in the above Investment Account and ask that you transfer the proceeds to the bank account noted in section 7 of this instruction form.

I/we understand and accept that once this instruction has been acted upon, the decision cannot be reversed and our Investment Account will be closed\*.

\*Compulsory field

## 3. Partial withdrawal or redirection of funds request

I/we would like to switch out of/sell the following:

Full name of the security	ISIN number*	SEDOL number*	Number of shares, or investment amount

Should you need additional lines, please continue in the 'Additional notes' section on the final page.

\*Compulsory fields

I/we request that the proceeds be reinvested, into the new fund/s, noted in Section 5 of this instruction form.

I/we request that the proceeds be returned to me / us, using the bank details noted in Section 7 of this instruction form.



## 4. Disinvestment details

### General notes:

- In the event that the total investment value of any Account is withdrawn, any distributions in relation to that Account will also be credited to the bank account into which the settlement proceeds are paid.
- Any disinvestment requires Ashburton to contact the relevant investor or financial advisor to obtain confirmation. Should we be unable to obtain this confirmation the disinvestment instruction may be delayed and the turnaround times and value dates may be impacted.

You must select your reason for disinvestment from the list below, then provide further detail in the box below:

- |                                                               |                                                       |                                                              |
|---------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> To pay annual Trustee fees           | <input type="checkbox"/> Emigration                   | <input type="checkbox"/> Pension payout                      |
| <input type="checkbox"/> Transfer to an external fund manager | <input type="checkbox"/> Transfer to an internal fund | <input type="checkbox"/> Performance related issues          |
| <input type="checkbox"/> Service related issues               | <input type="checkbox"/> Trust related transaction    | <input type="checkbox"/> Other (Additional details required) |

For partial repayment of a trust loan to  being a beneficiary of the Trust, to cover:

- |                                                   |                                            |                                                                    |
|---------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Property rental expenses | <input type="checkbox"/> Mortgage payments | <input type="checkbox"/> Utility bills                             |
| <input type="checkbox"/> Household expenses       | <input type="checkbox"/> Property purchase | <input type="checkbox"/> Transferring into an investment portfolio |
| <input type="checkbox"/> Car purchase             | <input type="checkbox"/> Medical expenses  | <input type="checkbox"/> Care home expenses                        |

Please provide other / additional details here:

NB: This information is also used for statistical and transaction monitoring purposes to help us improve the overall client experience.

## 5. New investment instruction

I/we wish to make the below new investment instruction for the Investment Account noted above, and I/we accept that any new investment will be subject to the original terms, conditions and fees, as agreed on our original application and/or any subsequent agreements, copies of which can be requested at any time.

I/we would like to switch into/buy the following:

Full name of the security	ISIN number*	SEDOL number*	Number of shares, or investment amount

Should you need additional lines, please continue in the 'Additional notes' section on the final page.

\*Compulsory fields.



## 6. Source of funds

(Please provide details of the activity which has generated these additional funds that you are investing)

Please provide details here:

## 7. Bank details of the investor

The bank account must be in the name of the investor and must match bank details held on file. Bank verification, if not already held on file, will also need to be provided before payment can be made. Should there be any AML/CFT/CPF documentary requirements these will need to be covered through receipt of certified original copies in line with regulatory requirements before payment can be made. Please note that no third party payment requests will be accepted.

Name of bank	<input type="text"/>		
Bank address	<input type="text"/>		
Town	<input type="text"/>	Country	<input type="text"/>
Postcode	<input type="text"/>	Bank account number	<input type="text"/>
Name of account	<input type="text"/>	Sort code	<input type="text"/>
SWIFT code	<input type="text"/>	IBAN	<input type="text"/>

All payments will be made electronically.

## 8. Client declaration

1. I/we warrant that all information provided by me/us in this form and all other applicable documents to this instruction are true and correct in every respect.
2. I/we have read, understood and agree to be bound by the latest terms and conditions found on [www.ashburtoninvestments.com](http://www.ashburtoninvestments.com).
3. I/we confirm that Ashburton (Jersey) Limited has not, in relation to this instruction, given me any advice.
4. I/we understand that any withdrawal request could trigger a tax liability and that I/we are recommended to seek tax advice before proceeding.
5. Should the investment be held in trust, we confirm that we have / will inform Ashburton (Jersey) Limited, of any newly vested beneficiaries and understand our obligation to provide supporting CDD thereon.

### Signature of Investor/Authorised person(s)

Full name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

### Signature of Investor/Authorised person(s)

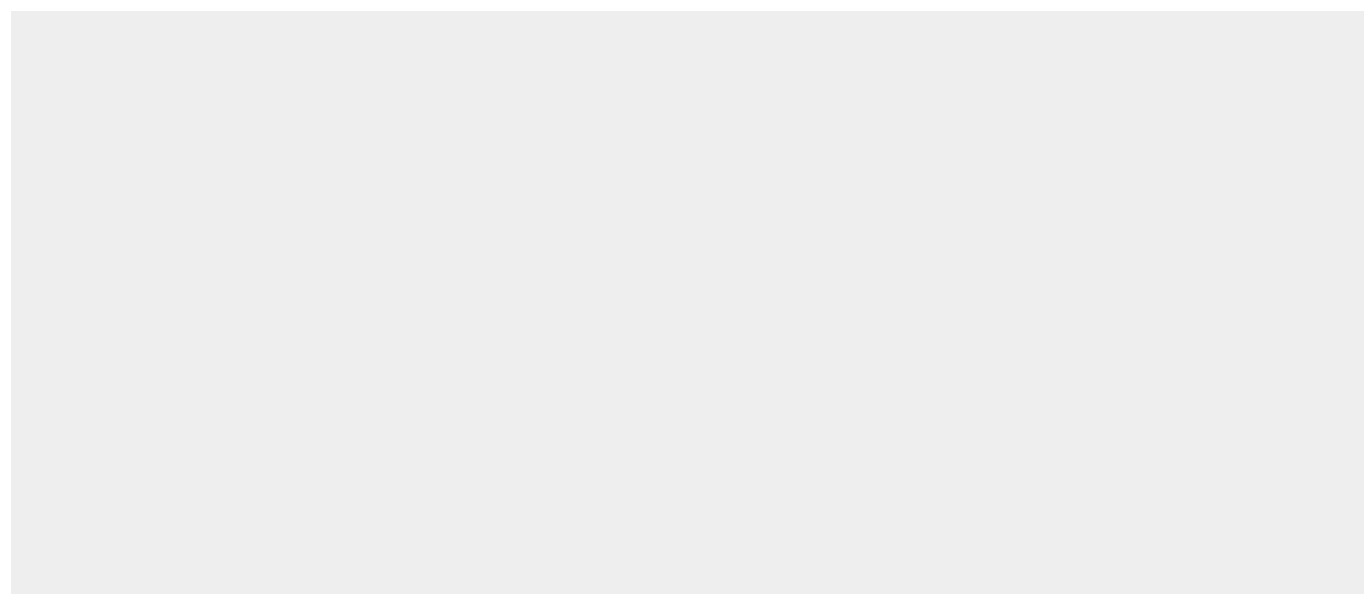
Full name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>



## 9. Important notes

1. Please note that in the event of a full account closure request, all outstanding charges will be deducted from the amount payable.
2. No action will be taken on any request, until written notification has been provided by the minimum number of authorised persons named on the account.
3. Any incomplete instruction will result in a delay in processing your instruction and Ashburton (Jersey) Limited shall not be liable for any direct, indirect, special or consequential loss or damages arising from such a delay.
4. If for any reason this form is incomplete and your instruction cannot be processed correctly, Ashburton (Jersey) Limited will not be obliged to process any portion of the instruction.
5. Any trades will be executed on a best endeavors basis.
6. Ashburton (Jersey) Limited reserves the right to decline requests to trade in complex funds, or un-investable stocks.

## 10. Additional notes



## Ashburton Investments

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### Fully Invested

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