

# THIRD PARTY INVESTMENT ACCOUNT (TPIA)

## APPLICATION FORM

This form is to be used by a third-party product provider to open a Third Party Investment Account on the Embark platform.

Note: If this is the first time the third-party product provider has opened a Third Party Investment Account on the Embark platform, you may also need to complete the Provider Set-Up Form.

### 1 NEW ACCOUNT DETAILS

#### Third-Party Details

Provider Name:

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Note: A Provider can only open a Third Party Investment Account where they have already signed the Third Party Investment Account Third-Party Provider setup form. A list of these can be found online at [embarkplatform.co.uk](http://embarkplatform.co.uk).

#### Designation or Current Account Reference

Existing Account Number:

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Existing Account Name:

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Note: This reference information will be added to the Third Party Investment Account that is opened to assist you in identifying and reconciling the account with your own records.

### 2 MEMBER/MEMBER TRUSTEE DETAILS

Please provide us with the following information in respect of the member or member trustee.

Title:  First and Middle Name(s):

Surname:

Email Address:

Residential Address:

Postcode:

NI Number:

Telephone Number:

Date of Birth:

Gender:

Country of Birth:

Country of Tax Residence\*:

Town of Birth:

\*Note: Only UK tax residents can open a Third Party Investment Account with Embark.

## 2 MEMBER/MEMBER TRUSTEE DETAILS CONTINUED

Country of Citizenship: \_\_\_\_\_

Nationality: \_\_\_\_\_

A Crown servant or in the armed forces? \_\_\_\_\_

For information on how we process and manage your client's personal data, please refer to our Group Privacy Notice on our website.

## 3 BANK DETAILS

Where the provider has selected to use individual bank accounts for each member, please provide the members bank account details:

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

Bank Account Number: | | | | | | | | | |

Sort Code: | | | | | | | |

## 4 FUNDING THE INVESTMENT

Please provide the details of any initial lump sum investment amount.

All payments from the product provider should be paid via Direct Credit upon receipt of confirmation that the account has been opened. Please ensure that the full reference is completed including the sub account reference, for example EM2001221-001.

Account: 21862465

Sort Code: 23-05-80

Client Reference: e.g. EM2001221-001

If we are unable to match funds to the client's account the funds will be returned.

Amount To Be Paid: \_\_\_\_\_

## 5 INVESTMENT DETAILS

Investments can be made via the Embark platform upon receipt of confirmation of account opening.

### Income Options

Please choose from one of the following options:

Retain as Product Cash (any income will be held as cash in the account)

Re-Invest (any income will be reinvested into the generating fund)

Note: investment income from ETIs, receipts will always be held in the cash account.

## 6 ADVISER DETAILS

Adviser Name:

Company Name:

FCA Reference:

Registered Office Address:

Postcode:

Is the financial adviser and firm registered to use the Embark platform?  Yes  No

If you are not yet registered as an adviser on the Embark platform, please visit [embarkplatform.co.uk](http://embarkplatform.co.uk) and complete the registration process before submitting this application.

## 7 ADVISER REMUNERATION

Initial Adviser Fee: % Amount (£):

Ongoing Adviser Fee: % Amount (£):

Please indicate Payment Frequency:  Monthly  Quarterly  Yearly

## 8 REGULAR PAYMENT OUT


Regular payment arrangements can be setup via the Embark platform upon receipt of confirmation of account opening.

## 9 DECLARATION

The Third-Party Product Provider confirms it has received a copy of the Embark platform Client Terms and Conditions together with the Embark TPIA Questions and Answers document, the Client Terms of Use and the Account Charges Guides and consents to terms upon which the Embark TPIA is offered by the Embark platform as set out in these documents.

The Provider confirms the information provided in this Third Party Investment Account Application Form is true, accurate and complete.


### Third-Party Product Provider Signatory 1

Signature\*: 

Name: Position:

Date: | D | D | M | M | Y | Y | Y | Y |

### Third-Party Product Provider Signatory 2

Signature\*: 

Name: Position:

Date: | D | D | M | M | Y | Y | Y | Y |

\* Original signatures required.

