

Client Name: _____

Email Address: _____

Plan Name: _____

1. Investment Experience:

It's important that investors understand how the Plan works and are satisfied it will help meet their investment objectives. This Plan won't be suitable for everyone, it's been designed to meet the investment objectives of investors with certain investment characteristics, i.e., the target market.

If you're unsure if you fall within the target market, or whether this product meets your specific requirements, we would always recommend seeking financial advice. It can be difficult to categorise people's knowledge and understanding, but to help us make sure this Plan could meet your needs please see the various attributes below of different types of investors.

Please select the category that applies to you, please note the majority of plans are not appropriate for basic investors.

Basic Investor

◆ Basic knowledge of relevant financial instruments - a basic investor can make an informed investment decision based on the regulated and authorised documentation or with the help of basic information provided.

◆ No financial industry experience, i.e. suited to a first time investor.

Informed Investor

◆ Average knowledge of relevant financial products - an informed investor can make an informed investment decision based on the regulated and authorised documentation, together with knowledge and understanding of the specific factors/risks highlighted within them only.

◆ Some financial industry experience.

Advanced Investor

◆ A good knowledge of relevant financial products and transactions.

◆ Financial industry experience or accompanied by professional investment advice or included in a discretionary portfolio service.

Which type of investments have you previously held?

- | | |
|--|--|
| <input type="checkbox"/> Bank deposits | <input type="checkbox"/> VCT/EIS |
| <input type="checkbox"/> Structured Products | <input type="checkbox"/> Unit Trusts/OEICS |
| <input type="checkbox"/> Direct Equity | |

How long have you been investing?

- | | |
|--|---|
| <input type="checkbox"/> No experience | <input type="checkbox"/> Up to 10 years |
| <input type="checkbox"/> Up to 2 years | <input type="checkbox"/> 10 years + |
| <input type="checkbox"/> Up to 5 years | |

2. Questions

- Have you received any advice or a recommendation from Moneyworld to invest in this product? Yes No
- Are you aware that if you were to redeem this early you may receive back significantly less than you invested? Yes No
- Are you be able to commit to the full investment term e.g. 6 years, and do you have sufficient alternative funds to meet any unplanned expenses or emergencies? Yes No
- Are you aware that you would lose some or all of your money if the counterparty were to fail or become insolvent and that most Structured Products do not have Financial Services Compensation Scheme (FSCS) protection? Yes No
- Are you aware that you will not receive a return above the amount specified in the plan brochure and that you may not receive any return at all? Yes No
- Are you aware that the growth or income for this product is linked to the performance of the underlying index or equities? Yes No
- Do you understand that this plan should only form part of a diversified investment portfolio? Yes No
- Do you understand the personal tax implications of your investment? Yes No
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Declaration

- ◆ I have carefully read the Plan brochure, including any applicable Terms and Conditions for the Plan, and accept the terms under which the Plan will be managed. Yes No
- ◆ I have carefully read the Key Information Document, and fully understand the risks, costs, potential gains and losses of this product. Yes No
- ◆ I understand that Jeff Ludgate Limited t/a Moneyworld does not provide investment advice or assess the suitability of this product, and that I therefore take full responsibility in proceeding with this product. Yes No

By signing below you confirm that you have read and understood the above and that you are instructing Jeff Ludgate Limited t/a Moneyworld to arrange this investment on a non-advised basis on your behalf.

Signature: _____ **Date:** _____

Office use only

Appropriateness checked by _____ Date _____

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