

Cantor Fitzgerald Ireland Ltd ("Cantor")

# Personal Retirement Savings Account (PRSA) Execution Only Account Opening Document

**Cantor PRSA Provider Service** 

HOW TO PROCEED

AC	COUNT SE	T UP CHECKLIST:
	I have been	provided with a Preliminary Disclosure Certificate (PDC).
	I have recei	ved the Financial Regulator PRSA factsheet.
	Payroll dedu	uction form, required where a payroll deduction facility is selected.
	AVC PRSA	form, required for all AVC PRSA contracts.
	Copy of Per	nsion Adjustment Order (PAO), required where any transferring benefits are subject to a PAO.
	Certificate o Scheme (OF	of Benefit Comparison, required when existing pension is transferring from an Occupational Pension $^{2S}$ valued over $\in$ 10,000.
	I have comp	pleted the attached application form in full and signed and dated section 10 (part B) and section 11.
	I have comp	pleted the attached CRS/FATCA form and have signed and dated.
		hed a certified copy of my ID (e.g Passport/Drivers Licence) by Garda, Solicitor or Cantor member of e ensure it is in date.
	with the sa	hed two certified documents or two original documents listed below issued in the last 6 months and me address as noted on the application. One of these <b>MUST</b> also be a bank statement that matches the led on the application form.
	• Bank Stat AND	tement (must be for the IBAN provided on the application form)
	• Gas, elec OR	tricity, phone or motor insurance certificate/home insurance certificate/tax certificate
		urance document or Revenue Commissioners document s of address <b>CANNOT</b> be from the same provider.
		eptable/unacceptable Anti Money Laundering documents can be found on our website
	I have attac	hed certified copy proof of PPS number:
		assessment, Notice of Tax Credits, Letter from Revenue Commissioners addressed to you showing your per or Employee Detail Summary from Revenue.ie
	<ul> <li>Letter from number</li> </ul>	m the Department of Employment Affairs and Social Protection addressed to you showing your PPS
	• Medical c	ard, Drug Payment Scheme (DPS) card
	• Payslip or	P45 from previous employment
oct/F	Delivery	Return the completed application and identification to:
JSU/L	Jenvery	DUBLIN: Cantor Fitzgerald Ireland Ltd, Cantor Fitzgerald House, 23 St Stephen's Green, Dublin 2
		LIMERICK: Cantor Fitzgerald Ireland Ltd, Crescent House, Hartstonge St., Limerick
		CORK: Cantor Fitzgerald Ireland Ltd, 45 South Mall, Cork
ueri	es/Advice	Call your Financial Advisor or your Cantor Fitzgerald Account Manager:
		DUBLIN: +353 1 633 3800. CORK: +353 21 422 2122. LIMERICK: +353 61 436 500
		Email Queries to Client Services at ireland@cantor.com

#### www.cantorfitzgerald.ie

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PRSA .	Appl	lication	Form
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FOR OFFICE USE ONLY		
Cantor Broker Owner		Reviewed by Pension Team: Yes No
Client Account Number	DS	

#### **1. PRSA Applicant Details** (PLEASE USE BLOCK CAPITALS)

Title	Mr Mrs	Ms Miss Other		Gender	Male Female Other
Surname				Civil Status	Married Single Separated
Forename(s)					
Country of R	Country of Residence			PPS Number	
Nationality				Date of Birth	DD MM YY
If your nationality is British please enter your NI number:					

### 2. Contact Details (PLEASE USE BLOCK CAPITALS)

Home Address						
Home No.	Mobile No.					
Email*	Office No.					
*This will be the email address for account communications. An email address is required to open an account.						
This will be the chair address for account communications. An email address is required to open an account.						

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3. Occupation Details					
Occupation					
Annual Remuneration/Salary €					
Please select one box that best d	escribes your occupation status (A, B	or C)			
A. Are you an employee? <sup>1</sup> Yes					
If Yes, are you:	Manager, Professional, Technical an	id Administration			
Clerical and Secretarial Personal and Protective Services					
	Plant and Machine Operatives	Trades, Craft and Related			
	Sales				
B. Are you self-employed? <sup>2</sup> Yes					
If Yes, are you:	Agricultural self-employed	Other self-employed			
C. Are you unemployed / not economically active? Yes					
		employment held by you. erived from carrying on a trade or a profession, either as an individual or			

PRSA Application Form



Nominated Retirement Age Must be between age 60 and 75. For an AVC PRSA, the nominated retirement age must be the same as the main scheme.   Contribution Commencement Date D   Must De between age 60 and 75. For an AVC PRSA, the nominated retirement age must be the same as the main scheme.   Contribution Commencement Date D   Must De between age 60 and 75. For an AVC PRSA, the nominated retirement age must be the same as the main scheme.   Alsingle Contribution €   Employer (if applicable) €   Contribution €   42.11: Employee or Self-Employed Contribution €   Employer (if applicable) €   AVC (if applicable) •   A payroll deduction form must be completed and submitted with this application.   AVE (if applicable) •   A payroll deductio	4. Contribution Details						
4.1 Single Contribution:         Employee or Self-Employed Contribution         Employer (if applicable)         €         AVC (if applicable)         Contribution         4.2. Regular Contribution         4.2. Regular Contribution         Employer or Self-Employed Contribution         €         AVC (if applicable)         Employer (if applicable)         Ci (f applicable)         Vac:         A.2.2:         Frequency:         Monthly       Quarterly         Yearly         4.2.3:         Paynell Deduction*         *A payroll deduction form must be completed and submitted with this application.         4.3.1: Are you transferring assets from another pension arrangement?         Yes* <td< td=""><td colspan="6"></td></td<>							
Employee or Self-Employed Contribution	Contribution Commencement Date						
Employee of Sun Employee contribution   Employer (if applicable)   €   AVC (if applicable)   €   Total Contribution   4.2.1: Employee or Self-Employed Contribution   Employer (if applicable)   €   AVC (if applicable)   €   AVC (if applicable)   €   AVC (if applicable)   €   Total Contribution   €   4.2.1: Employee or Self-Employed Contribution   €   AVC (if applicable)   €   Total Contribution   €   4.2.2: Frequency:   Monthly   Quarterly   Yearly   4.2.3: Payment Method:   EFT   Cheque   Payroll Deduction*   *A payroll deduction form must be completed and submitted with this application.   4.3 Transfer Details   4.3.1: Are you transferring assets from another pension arrangement?   Yes*   No   *If Yes, please provide details in the table below.	4.1 Single Contribution:						
AVC (if applicable) €   Total Contribution €   4.2.1: Employee or Self-Employed Contribution €   avc (if applicable) €   AVC (if applicable) €   AVC (if applicable) €   Total Contribution €   4.2.2: Frequency: Monthly   Quarterly Yearly   4.2.3: Payment Method: EFT   Cheque Payroll Deduction*   *A payroll deduction form must be completed and submitted with this application.   4.3.1: Are you transferring assets from another pension arrangement?   Yes* No	Employee or Self-Employed Contrib	ution <b>€</b>		]			
Total Contribution   4.2. Regular Contribution   4.2.1: Employee or Self-Employed Contribution   €   AVC (if applicable)   €   AVC (if applicable)   €   Total Contribution   €   AVC (if applicable)   €   Total Contribution   €   AVC (if applicable)   €   Total Contribution   €   4.2.2: Frequency:   Monthly   Quarterly   Yearly   4.2.3: Payment Method:   EFT   Cheque   Payroll Deduction*   *A payroll deduction form must be completed and submitted with this application.   4.3.1: Are you transferring assets from another pension arrangement?   Yes*   No   *If Yes, please provide details in the table below.     PENSION PROVIDER   POLICY REFERENCE   TRANSFER SOURCE   TRANSFER VALUE	Employer (if applicable)	€		]			
4.2 Regular Contribution         4.2.1: Employee or Self-Employed Contribution            Employer (if applicable)            Employer (if applicable)            AVC (if applicable)            Total Contribution            €            AVC (if applicable)            AVC (if applicable)            €            AVC (if applicable)            AUC (if applicable)            A.2.2: Frequency:         Monthly       Quarterly            Payroll Deduction*         * A payroll deduction form must be completed and submitted with this application.            A.3.1: Are you transferring assets from another pension arrangement?            Yes, please provide details in the table below.              Automation and and and and and and and and and an	AVC (if applicable)	€		]			
4.2.1: Employee or Self-Employed Contribution   Employer (if applicable) €   AVC (if applicable) €   Total Contribution €   4.2.2: Frequency:   Monthly Quarterly   Yearly   4.2.3: Payment Method:   EFT Cheque   Payroll Deduction*   *A payroll deduction form must be completed and submitted with this application.   4.3.1: Are you transferring assets from another pension arrangement?   Yes* No   *If Yes, please provide details in the table below.     PENSION PROVIDER POLICY REFERENCE   TRANSFER SOURCE TRANSFER VALUE	Total Contribution	€		]			
Enclose of solid Employed Contribution         Employer (if applicable)         AVC (if applicable)         Total Contribution         €         4.2.2: Frequency:         Monthly       Quarterly         Yearly         4.2.3: Payment Method:       EFT         Cheque       Payroll Deduction*         *A payroll deduction form must be completed and submitted with this application.         4.3 Transfer Details         4.3.1: Are you transferring assets from another pension arrangement?       Yes*         No         *If Yes, please provide details in the table below.         PENSION PROVIDER       POLICY REFERENCE       TRANSFER SOURCE         Image: Provide details       Image: Provide details       Image: Provide details         Image: Provide details       Image: Provide details       Image: Provide details         Image: Provide details       Image: Provide details       Image: Provide details         Image: Provide details       Image: Provide details       Image: Provide details         Image: Provide details       Image: Provide details       Image: Provide details         Image: Provide details       Image: Provide details       Image: Provide details         Image: Provide details       Image: Provide details       Image: Provide details </td <td>4.2 Regular Contribution</td> <td></td> <td></td> <td></td> <td></td>	4.2 Regular Contribution						
AVC (if applicable)   Total Contribution   €   1.2.2: Frequency:   Monthly   Quarterly   Yearly   4.2.3: Payment Method:   EFT   Cheque   Payroll Deduction*   *A payroll deduction form must be completed and submitted with this application.   4.3 Transfer Details   4.3.1: Are you transferring assets from another pension arrangement?   Yes*   No   *If Yes, please provide details in the table below.   PENSION PROVIDER   POLICY REFERENCE   TRANSFER SOURCE   TRANSFER VALUE   Image: Content of the table below.	4.2.1: Employee or Self-Employed	Contribution €		]			
Total Contribution   4.2.2: Frequency:   Monthly   Quarterly   Yearly   4.2.3: Payment Method:   EFT   Cheque   Payroll Deduction form must be completed and submitted with this application.   4.3 Transfer Details   4.3.1: Are you transferring assets from another pension arrangement?   Yes*   No   *If Yes, please provide details in the table below.   PENSION PROVIDER   POLICY REFERENCE   TRANSFER SOURCE   TRANSFER VALUE   Image: Control in the table below.   Image: Control in the table below.	Employer (if applicable)	€		]			
4.2.2: Frequency: Monthly Quarterly   Yearly   4.2.3: Payment Method: EFT   Cheque Payroll Deduction*   *A payroll deduction form must be completed and submitted with this application.   4.3 Transfer Details   4.3.1: Are you transferring assets from another pension arrangement?   Yes*   No   *If Yes, please provide details in the table below.     PENSION PROVIDER   POLICY REFERENCE   TRANSFER SOURCE     TRANSFER VALUE	AVC (if applicable)	€		]			
4.2.3: Payment Method: EFT   Cheque Payroll Deduction*   *A payroll deduction form must be completed and submitted with this application. 4.3. Transfer Details 4.3.1: Are you transferring assets from another pension arrangement? Yes* No *If Yes, please provide details in the table below. PENSION PROVIDER POLICY REFERENCE TRANSFER SOURCE TRANSFER VALUE Image: Completed and completed and completed and completed and completed and completed and submitted with this application. 4.3.1: Are you transferring assets from another pension arrangement? Yes* No *If Yes, please provide details in the table below. Image: Completed and	Total Contribution	]					
*A payroll deduction form must be completed and submitted with this application.  4.3 Transfer Details  4.3.1: Are you transferring assets from another pension arrangement?  *If Yes, please provide details in the table below.	.2.2: Frequency: Monthly Quarterly Yearly						
4.3 Transfer Details          4.3.1: Are you transferring assets from another pension arrangement?       Yes*       No         *If Yes, please provide details in the table below.       *Image: Source transfer Value         PENSION PROVIDER       POLICY REFERENCE       TRANSFER SOURCE       TRANSFER Value         Image: Source transfer	.2.3: Payment Method: EFT Cheque Payroll Deduction*						
4.3.1: Are you transferring assets from another pension arrangement?       Yes*       No         *If Yes, please provide details in the table below.           PENSION PROVIDER       POLICY REFERENCE       TRANSFER SOURCE       TRANSFER VALUE         Image: Second Se	*A payroll deduction form must be	completed and submitte	ed with this application.				
Image: second	4.3.1: Are you transferring assets fr		angement?		Yes* No		
	PENSION PROVIDER	POLICY REFERENCE	E TRANSFER S	OURCE	TRANSFER VALUE		
	TOTAL TRANSFER VALUE			€			
4.3.2: Where a PRSA is transferring, is this a Vested PRSA?       Yes       No       N/A         4.3.3: Are any of the transferring plans subject to a Pension Adjustment Order (PAO)?       Yes*       No	4.3.2: Where a PRSA is transferring, 4.3.3: Are any of the transferring pl *If Yes, please provide a copy.						
	<ul><li>*If Yes, please provide a copy.</li><li>4.4 Is this application for an Add</li></ul>	litional Voluntary Con	tribution (AVC) PRSA co	ntract?	Yes* No		

\*If Yes, an AVC PRSA form must be completed and submitted with this application.

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**PRSA Application Form** 



#### 5. Investment Strategy Details

Please select one option:

<b>Option 1:</b> Specialist Investment Strategy - Execution Only Account
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OR

**Option 2:** Default Investment Strategy

If you choose the default investment strategy, all contributions must be made in accordance with this strategy.

#### 6. Bank Details (PLEASE USE BLOCK CAPITALS)

Bank Name							
Bank Address		]					
		1					
Account Name	2						
IBAN*	BIC XXX	]					
*Your IBAN includes y	*Your IBAN includes your account number and sort code and is an international standard for identifying bank accounts across national borders. This is detailed on your bank statement.						

#### 7. Source of Wealth/Funds

#### Source of Wealth/Funds

(i) Please indicate how your <u>overall wealth</u> was accumulated. You can indicate more than one option.	(ii) Please indicate the source of funds provided for this PRSA investment. You can indicate more than one option.					
Savings	Transfer from other Investment/Pension Provider					
Inheritance	Current Account					
Equity/Fund Investment	Deposit Account					
Property Investment	Other: If other please specify					
Sale of Business						
Retirement Fund						
Redundancy						
Other: If other please specify						
Dividends Unless you specify otherwise you will receive cash dividends and in Euro currency.						

1	t you wish to	p receive stock	dividends	(where	available)	please tick	here	

8. Research and Product Information	

#### **Insights & Research Publications**

As part of our service offering, we regularly share key insights, research publications and updates on latest investment opportunities. Please select the communications you wish to receive:

Daily No	te
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Weekly Trader

Monthly Talking Points Newsletter
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Investment Bonds

Weekend	Papers	Summar

- Ethical Investing
- Corporate Finance Investments (Private Equity, EIIS Investments, Property Investments)

PRSA Application Form



#### 9. Knowledge & Experience Relevant to the Decision Maker\* (PLEASE USE BLOCK CAPITALS)

WARNING: All of the following sections must be completed in order for us to open an account for you. This information is required by law to allow us to complete an appropriateness assessment, if required.

\*Decision Maker is a person authorised on the account and appointed to make decisions on behalf of the account i.e. the account holder, beneficial owner or authorised signatory. A group of two or more natural persons are required to designate one person's Knowledge & Experience for the purposes of conducting the appropriateness assessment.

(i) Please select your previous trading experience: (You can select more than one option if applicable)

EXECUTION ONLY (no advice)	<b>ADVISORY</b> (broker advises, you decide)	<b>DISCRETIONARY/MANAGED</b> (broker agrees investment parameters with you and has discretion to transact)	NO PREVIOUS EXPERIENCE

#### (ii) Please indicate your investment experience in relation to the following Financial Instruments:

Basic: Have some knowledge but limited trading history.

**Good:** Have knowledge and have traded over a number of years.

Extensive: Have knowledge and have traded consistently over the past 5 years.

#### THESE COLUMNS ARE MANDATORY

#### THESE COLUMNS ARE MANDATORY

FINANCIAL INSTRUMENTS	NONE**	BASIC	GOOD	EXTENSIVE	NUMBER OF YEARS EXPERIENCE	NUMBER OF TRADES IN THE LAST 5 YEARS (if 'zero' trades please note 0 in the box)
Equities						
Corporate Bonds						
Government Bonds						
Investment Funds						
Structured Products						
Corporate Finance/ Unquoted Investments						
Derivatives (CFD's, Options, Futures)						

\*\*If you have selected NONE for any Financial Instrument experience, you do not need to complete NUMBER OF YEARS EXPERIENCE and NUMBER OF TRADES IN THE LAST 5 YEARS

(iii) If you have answered '0' for NUMBER OF TRADES IN THE LAST 5 YEARS in part (ii) above, please explain how you have attained your years experience? (if not applicable please write N/A or leave blank):

#### (iv) Relevant Professional Qualification or Experience

1.	Do you have a relevant professional qualification?	Yes	No
	Please list qualification(s)		
2.	Do you work as an investment manager/advisor?	Yes	No
3.	Are you a member of a professional body? e.g. ACOI, LIA, IIB, Chartered Accountants Ireland etc.	Yes	No

PRSA Application Form



#### **10. PRSA Declarations**

#### PART A: DECLARATION OF PRSA PROVIDER OR INTERMEDIARY

#### 1. Declaration under Article 3(5) of the Personal Retirement Savings Account (Disclosure) Amendment Regulations 2003 I hereby declare that in accordance with Article 3 of the Personal Retirement Savings Accounts (Disclosure) Regulations 2002, a Preliminary Disclosure Certificate has been provided to \_\_\_\_\_\_\_\* and that I have advised the person concerned as to the financial consequences of replacing an existing PRSA contract or Retirement Annuity Contract with this PRSA contract by cancellation or reduction and of possible financial loss as a result of such a replacement.

#### 2. Product suitability

- I declare that in my opinion it is in the best interests of the above named to purchase a non-standard PRSA rather than a standard PRSA.
- I declare that in my opinion the non-standard PRSA, I propose to sell the above named, is the product most suited to this consumer from among all those I am able to advise on.
- I declare that I have fully explained to the above named the differences between this non-standard PRSA and standard PRSAs, and, where this is the case, should be focused on the fact that the charges are higher and the investment risks are greater for this non-standard PRSA.

\*Insert PRSA applicant name.

**Signed** (to be signed by Financial Advisor)

Print Name

Date

#### Name of Firm

#### PART B: DECLARATION OF PRSA APPLICANT

- 1. Declaration of Receipt of Disclosure Information and Policy Replacement
  - I confirm that I have been provided with a Preliminary Disclosure Certificate, incorporating sample details rather than details specific to me.

#### 2. Declaration under Article 3(5) of the Personal Retirement Savings Accounts (Disclosure) Amendment Regulations 2003.

WARNING: If you propose to enter this Cantor PRSA contract in complete or partial replacement of an existing PRSA contract or a Retirement Annuity Contract, please take special care to satisfy yourself that this Cantor PRSA contract meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing PRSA contract or Retirement Annuity Contract with the Cantor PRSA.

#### If you are in doubt about this, please contact your Financial Advisor.

#### 3. Financial Regulator Declaration

- I confirm that I have received the Financial Regulator Factsheet on PRSAs.
- I declare that I am satisfied that I require a pension product and that, having reviewed the differences between standard and non-standard PRSAs, a non-standard PRSA is the most appropriate product for me.
- I declare that I understand that the investment risks associated with a non-standard PRSA may be higher than those for a standard PRSA.

#### 4. Terms of Business

- I understand that this completed Application Form, the Cantor PRSA Terms and Conditions (the "Terms and Conditions") and Cantor General Terms of Business (the "General Terms of Business") form the basis of my contract.
- I accept that I have read and understand Cantor Terms of Business for details of the PRSA contract and the conditions governing this application and agree to be bound by them.

#### 5. Application

• I can confirm that the information provided in the application form is true and correct and I undertake to inform you of any material change to my circumstances.

#### 6. Fees and Charges

- I have received information about the fees and charges for this PRSA and these have been explained to me.
- I declare that I understand that the charges payable on a non-standard PRSA may be higher than those for a standard PRSA.

#### Signed (to be signed by PRSA applicant)

#### Print Name

Date DD MM YY

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PRSA Application Form



#### 11. Acknowledgement

In signing this document it will constitute a contract, both legally binding and enforceable. If you have any queries about any aspect of the account opening documentation please contact Cantor for clarification or, if you think it appropriate to do so, obtain independent legal advice.

The undersigned hereby acknowledges that:

- (a) I have carefully read, acknowledge and understand the terms of the below listed documentation which I have been presented with and have had an opportunity to consider. I hereby agree that by signing this acknowledgement that I will be bound by all terms and conditions contained in the following documents:
  - 1. PRSA Execution Only Account Opening Document
  - 2. Terms and Conditions booklet:
    - i. Terms and Conditions of Service
    - ii. Conflicts of Interest Policy
    - iii. Order Execution Policy
    - iv. Information on Financial Instruments
- (b) The service description set out in the Terms and Conditions booklet incorporates the service to be provided by Cantor to me in its entirety, and for which I now hereby apply.
- (c) The details provided in the Account Opening Document are a complete and accurate record of all information relevant and necessary to allow Cantor to provide an execution only service to me.
- (d) I acknowledge that Cantor will arrange for a nominee account to be opened with Pershing Securities International Limited on behalf of my PRSA.
- (e) I have been presented with and have had an opportunity to consider the **Client Asset Key Information Document** and I have carefully read, acknowledge and understand the arrangements Cantor has put in place for holding client assets and the risks associated with them.
- (f) I have been presented with a current rate card and I am aware that any changes to this will be updated to the Cantor Fitzgerald website for my reference.
- (g) I declare that I am beneficially entitled to the funds that are to be invested under this application and that I am entitled to apply for a PRSA.
- (h) Electronic Communications

By opening an account with Cantor Fitzgerald Ireland you are consenting to the electronic delivery of communications and documentation through our online portal, to which we will issue you the necessary access as part of account opening process. Within our online portal you can view your account information, transactions, documentation and communications.

If you do not want documentation issued to you electronically please tick the box below:

I/We wish to receive any communications and documentation issued to my/our client portal in paper format.

Please note if you choose NOT to avail of electronic communications through our online portal charges may be incurred for paper documentation. These charges will be deducted from your account. Please see our rate card for further details.

You may receive periodic documentation in paper format not related to this consent.

#### PRSA APPLICANT SIGNATURE

Print Name

Date Signed

BEHALF OF CANTOR FITZGERALD AS PRSA PROVIDER
Print Name

Date Signed						
DD	MM	YY				

AUTHORISED SIGNATORY FOR AND ON

**CANTOR FITZGERALD - DUBLIN:** Cantor Fitzgerald House, 23 St Stephen's Green, Dublin 2, D02 AR55. Tel : +353 1 633 3800. Fax : +353 1 633 3856. **CORK:** 45 South Mall, Cork, T12 XY24. Tel: +353 21 422 2122. **LIMERICK:** Crescent House, Hartstonge St., Limerick, V94 K35Y. Tel: +353 61 436500.

email : ireland@cantor.com web : www.cantorfitzgerald.ie

Cantor Fitzgerald Ireland Ltd is regulated by the Central Bank of Ireland and is a member firm of Euronext Dublin and the London Stock Exchange.

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# **CRS/FATCA Individual/Entity Self-Certification**



Please see our useful forms section on our website for the Common Reporting Standard "CRS" and Foreign Account Tax Compliance Act "FATCA" Appendix with further definitions and information on the below classifications

Self-Certification for F	ATCA and CRS (PLEASE USE BLO	CK CAPITALS)				
	W TO COMPLETE THIS FOR ccount type and complete Sectio Joint Cantor PRSA					
Please select the relevant a	ccount type, and complete Section	n 1(b), 2, 3, 4 (if applicable) and 5				
Corporate Trust	Charity Institutio	nal 📃 Pension (e.g. Trust Structu	re) 🗌 Partnership			
Other type of entity (Please	Other type of entity (Please note legal structure):					
PLEASE NOTE: If you believe the advice.	ne above instruction does not apply	o your account type please complete	e the form as per your local tax			
SECTION 1: Account De	etails					
1(a): Personal Details Please	complete if applicable to your acco	unt type, based on the instructions no	oted above:			
Person 1		Person 2				
Title Mr Mrs	Ms Miss Other	Title Mr Mrs Ms	Miss Other			
Surname		Surname				
Forename(s)		Forename(s)				
Residential Address		Residential Address				
1(b): Entity Details Please co	mplete if applicable to your accoun	type, based on the instructions note	d above:			
Entity Name (Legal)						
Registered Address		Co	ountry:			
SECTION 2: Declaration	of Person or Entities Tax	esidency All account types MUST	-			
Name of Person/Entity	Country of Tax Residency(List all)		ilable, please indicate reason			
-	ssification Please complete if ap	licable to your account type, as per t	the instructions at the start of			
this form						
You are required to choose on You MUST choose one of the	e CRS classification and one FATCA below options:	classification within this section.				
FATCA Classification		GIIN (if applicable)				
Reporting Model 1 FFI						
Reporting Model 2 FFI						
(continued on following page)						

# CRS/FATCA Individual/Entity Self-Certification CANTOR



Participating FFI       Registered Deemed Compliant (other than Reporting Model
Registered Deemed Compliant (other than Reporting Model
1 FFI/Sponsored FFI or Non-Reporting IGA FFI)
Sponsored Direct Reporting NFFE
Direct Reporting NFFE
Sponsored FFI
Non-Reporting IGA
Foreign Government
Entity Wholly Owned by an Exempt Beneficial Owner
501 (c) Organization
International Organization
Exempt Retirement fund
Active Non-Financial Foreign Entity
Non-Profit Organization
Passive Non-Financial Foreign Entity (also complete Section 4 for Controlling Persons)
Other Specify:
If the GIIN provided above is issued in the name of your sponsor, please provide your sponsor's name and sponsor's GIIN
Name of the sponsoring Entity
GIIN number of the sponsoring Entity
You MUST choose one of the below options:
CRS Classification
Financial Institution other than investment entity (custodial institution, depository institution/specified insurance company)
Financial Institution non-reporting according to local jurisdiction legislation where you are a resident
Investment Entity with Tax Residence in a non-participating jurisdiction and managed by another FI
(also complete Section 4 for Controlling Persons)
Passive Non-Financial Entity (also complete Section 4 for Controlling Persons)
Active Non-Financial Entity which is a Government/Central Bank/International Organization
Active Non-Financial Entity (corporation that is publically traded or an affiliate of a publicly traded corporation)
Active Non-Financial Entity-other
Other investment entity
You can find further definitions on the different classification on our CRS/FATCA Appendix accessible at <b>cantorfitzgerald.ie</b>

C O M P L E T E D

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#### Self-Certification for FATCA and CRS (PLEASE USE BLOCK CAPITALS)

**SECTION 4: CRS and FATCA – Controlling Persons ("CP") Identification** Please complete this section if you have completed section 1(b) **AND** have selected an entity classification, in the previous section, that notes section 4 must be completed.

- For a Trust this includes the settlor, the trustees, the protector (if any) and any known beneficiaries
- For a Corporation or Non-Corporate entity (other than a Trust) this would include natural persons who own or control, directly or indirectly, 25% or more of the entity
- Where no natural person is identified, the senior managing official is a controlling person
- TIN or equivalent must be provided
- Refer to table below for CP types

#### Should the below space not be sufficient, please provide information on a separate sheet.

Should Controlling Persons have more than one tax residence, please use the below space or provide information on a separate sheet.

Controlling Persons type code	Date of birth (dd/mm/yyyy)	Full residence address	Tax residence country	TIN /If TIN not available please indicate reason

\*By signing you are confirming the information to be accurate and complete.

#### **Controlling Persons Type codes:**

CP of legal person – ownership	801	CP of legal arrangement – trust – other	808
CP of legal person – other means	802	CP of legal arrangement – other – settlor-equivalent	809
CP of legal person – senior managing official	803	CP of legal arrangement – other – trustee-equivalent	810
CP of legal arrangement – trust – settlor	804	CP of legal arrangement – other – protector-equivalent	811
CP of legal arrangement – trust – trustee	805	CP of legal arrangement – other – beneficiary-equivalent	812
CP of legal arrangement – trust – protector	806	CP of legal arrangement – other – other-equivalent	813
CP of legal arrangement – trust – beneficiary	807	Unknown	UN

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#### Self-Certification for FATCA and CRS (PLEASE USE BLOCK CAPITALS)

#### SECTION 5: Declaration and Undertakings All account types MUST complete

- (a) I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- (b) I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information under the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA).
- (c) I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.
- (d) If there is a change in circumstances that affects the tax residence status of the Account Holder or causes the information contained herein to become incorrect or incomplete, I understand that I am obligated to inform Cantor Fitzgerald Ireland of the change in circumstances within 30 days of its occurrence and to provide a suitably updated CRS or FATCA self-certification.

#### **Client Acceptance**

If you completed section 1(a) please ensure all beneficiaries sign below:

PERSON 1	PERSON 2 (if applicable)
Print Name	Print Name
Date Signed DD MM YY	Date Signed DD MM YY
If you completed section 1(b) please ensure the relevant authorised signatories sign below:	
AUTHORISED SIGNATORY 1	AUTHORISED SIGNATORY 2 (if applicable)
Print Name	Print Name
Date Signed DD MM YY	Date Signed DD MM YY

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# CLIENT ASSETS KEY INFORMATION DOCUMENT

#### 1. Introduction

As you are aware when Cantor Fitzgerald Ireland Ltd ("CFIL" or the "firm") provides investments services to you as our client under our terms of business, we have regulatory responsibility over client assets (both funds and financial instruments) in your account with us.

#### 2. An explanation of the Regulations

The manner in which we handle your assets is governed by Part 6 of the Client Asset Requirements, Central Bank (Supervision and Enforcement) Act 2013 (Section 48(1)) (Investment Firms) Regulations 2017 (SI 604 of 2017) and Schedule 3 Safeguarding Client Financial Instruments and Funds, EU MiFIR 2017. In addition, the CBI has issued guidance on the implementation of the Regulations. These documents can be found on the CBI Website at the following web address:

https://www.centralbank.ie/regulation/industry-marketsectors/client-assets

The regulations requires CFIL to provide you with a Client Assets Key Information Document ("CAKID") with the below objectives:

- Explain the key features of the regulatory regime that applies to the safeguarding of client assets;
- Explain what constitutes client assets under that regime
- Explain the circumstances in which that regime applies and does not apply,
- Explain the circumstances in which the investment firm will hold client assets itself, deposit client assets with a third party and deposit client assets with a third party outside the State,
- Explain the arrangements applying to the holding of client assets and the relevant risks associated with these arrangements.

Please read this document in conjunction with the firm's terms of business.

#### Key Principles of the Client Asset Regulations

The purpose of the Regulations is to regulate and safeguard the handling of client assets to enable swift and safe return of these assets to the clients. However, it is important to note that it can never fully eliminate all risks relating to client assets some of which are identified in Section 5 below.

The key principles of these Regulations require that:

- client assets are segregated from the firm's own assets through registration of client assets in designated client asset accounts with the relevant institution holding the assets;
- all client assets are clearly identified in internals records and identifiable from the firm's own assets;
- we ensure the accuracy of both our records and those of the institutions holding the assets through regular reconciliations and daily calculations;
- we inform you through our terms of business and the CAKID of our arrangements and where relevant obtain your consent to the manner in which your assets are held;
- CFIL have appropriate risk management processes and systems, including documented policies and procedures to ensure that a risk based approach is adopted in safeguarding your assets.

# **3.** An explanation of what constitutes client assets under the Regulations

Client Assets include both

- (i) Client Funds: Any money, to which you are beneficially entitled, which we have received from you or on your behalf. It includes cash, cheques or other payable orders, current and deposit accounts including pledged accounts you may have.
- (ii) Client Financial Instruments: Any financial instrument (for example, shares, bonds and units held in collective investment schemes) held by us on your behalf including any held with a nominee.

The values assigned to your investments are not covered by these Regulations.

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# 4. The circumstances in which the Regulations apply and do not apply

Client assets cease to be client assets where:

- a) they are paid, or transferred, to the client whether directly or into an account with a third party or a relevant party in the name of the client (not being an account which is also in the name of the investment firm); or
- b) where they are paid, or transferred, to a third party on the written instructions of the client and are no longer under the control of CFIL. In addition, acting in accordance with the terms of an investment management agreement or the completion of an order or application form will be considered to be a request from the client to pay the client assets to the relevant third party.

It is important to note that the Client Asset Regulations:

#### Do apply:

- For funds or financial instruments that have been received in respect of activities which are regulated financial services.
- (ii) Once a cheque or other payable order is received by the firm except where it is payable to a third party and transmitted by CFIL to that party.
- (iii) Once interest is received where it has been agreed in writing that it is payable on your client funds.
- (iv) Until a cheque sent to you by us has been cashed.

#### Do not apply:

- When funds or financial instruments have been received in respect of activities which are not regulated financial services.
- (ii) Where you have transferred full ownership of funds or financial instruments to cover or secure present or future, actual or contingent or prospective obligations.
- (iii) Where we receive a cheque or other payable order from you or on your behalf payable to a third party and we transmit that to the third party.
- (iv) Funds that are due and payable to the firm in accordance with our terms of business.
- (v) Where a cheque or other payable order received from you on your behalf is not honoured by the bank.
- (vi) Where funds have been paid to you or a nominated third party (within the limited circumstances such instructions can be undertaken). Please note that payments to third parties can only be done on written instruction from you. Completion of an order or application form is considered a request to pay a third party.

(vii) Where financial instruments are registered in your own name and we are not providing safe custody.

#### 5. An explanation of the circumstances in which the firm will hold clients assets, hold client assets with a third party and hold client assets in another jurisdiction

Client Assets are never held directly by CFIL except where they have been received as part of the settlement process or held while in transit to the client or custodian. CFIL may hold physical assets for up to 10 days on limit orders. These assets are securely stored on CFIL premises and reconciled daily.

Cantor Fitzgerald have entered into an agreement ("the Pershing Agreement") with Pershing Securities International Limited ("PSIL", "Custodian")), Riverside Two, Sir John Rogerson's Quay, Grand Canal Dock, Dublin 2, D02 KV60, www.pershing.ie on behalf of ourselves and each of our clients whereby PSIL has agreed to provide clearing and settlement, safe custody, and other associated services for clients whom Cantor introduces to them. PSIL are regulated by the Central Bank of Ireland and are bound by the Client Asset Regulations.

All client asset accounts are clearly designated as "Client Asset Accounts" in both the internal records of PSIL and the records of any of the institutions actually holding the assets.

Those assets must be identifiable from ours or PSIL's own assets.

#### 5.1 Client Funds:

Funds received are lodged to a pooled Client Asset Account with an eligible bank or credit institution. This means that a number of client's funds are held in the same client asset account with the bank or credit institution. However PSIL maintain detailed records identifying the amount being held for each client within the pooled account. We refer to section 5 regarding the risks associated with pooled accounts.

The funds are lodged to an account in the same currency as they are received unless PSIL do not have a client asset account in that currency and it would be unduly burdensome to open one. Amounts are converted at the rates prevailing when lodged to the Client Asset Account.

Where funds are received which include funds not qualifying as Client Funds the total funds are lodged to PSIL's client funds account but an immediate transfer is made of portion not deemed client funds to a non-client asset account.

Our preference is to receive funds by way of electronic transfer from clients. To facilitate this, details of PSIL's client asset bank account is provided to you.

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#### **5.2 Client Financial Instruments**

Where you have elected to use the safe custody services of PSIL, you consent that your investments will not be registered in your own name. Documents of title to your investments shall be held in physical or dematerialised form by PSIL or an Eligible Third Party.

Your investments will be held in a safe custody account designated as a client asset account and will be registered either in the name of

- (i) A nominee company owned by PSIL,
- (ii) A member of PSIL's group,
- (iii) An exchange which is a regulated market, or
- (iv) An Eligible Third Party, in accordance with the CBOI Client Assets Requirements. PSIL will exercise due skill, care and diligence in the selection, appointment and periodic review of any Eligible Third Party and the arrangements for holding and safekeeping of your investments, but PSIL shall not be responsible for any acts, omissions or default of any such Eligible Third Party save where such a default is caused by fraud, wilful default or negligence on the part of PSIL or its nominee company.

In some instances, due to the characteristics of a particular financial instrument it is not possible for PSIL to hold the assets within the Irish jurisdiction. In such cases they will be held with a custodian in the relevant jurisdiction. It is important to note that where assets are held outside this jurisdiction:

- (i) The Client Assets Regulations applicable may differ to those applicable within this state.
- (ii) The Investment Compensation scheme in operation in Ireland will not apply to any default by the foreign custodian.

PSIL hold client assets on a pooled nominee basis. Under this structure, the share register of the companies in which the underlying investors hold shares (investment companies) will show one entry for the nominee company. This entry will be the aggregate of all the individual investors' holdings. We refer to section 5 regarding the risks associated with pooled accounts and where assets are held outside Ireland or the European Economic Area (EEA) as described above.

PSIL are obliged to keep a detailed breakdown of each individual investor's holding. The total of these holdings must equate to the aggregate on the investment company register.

The firm does not provide safe custody arrangements for the holding of share certificates in client's own names. Where the firm receives share certificates either from clients or on behalf of clients as a result of share transactions the firm immediately passes them to the client or relevant settlement agent. In such cases the firm maintains a log of all receipts and dispatch of share certificates.

# 6. The arrangements applying to the holding of client assets and the relevant risks associated with these arrangements

Your assets are held by PSIL in a specifically designated Client Assets Account within the institutions outlined above.

Transactions in respect of your assets may only be undertaken by the institution based on an instruction from Cantor Fitzgerald. The principal risks associated with holding your assets in this manner include exposures relating to:

- Loss of financial instrument and /or client funds (The Assets):- the risk that those charged with safeguarding client assets fail to ensure clients assets are only released when authorized by the fund manager or agent on behalf of the underlying investor.
- Administrative risk:- the risk that due to administrative errors, accurate records are not maintained detailing correct shareholdings of the underlying investors.
- Default Risk:- the risk that the owner of the nominee company goes into liquidation or the custodian goes into liquidation.
- Corporate Actions Risk:- the risk that corporate actions are missed by the custodians.
- Negligence or the perpetuation of a fraud by persons employed by either this firm or the institution holding the assets.
- Misappropriation of your assets.
- Risks associated with pooled accounts: Under a pooled • arrangement, client assets are held along with investments belonging to other clients. The risks associated with this arrangement are: a) This involves a possibility where assets held for one client are temporarily used to meet the settlement obligations of another client; b) In the event of an irreconcilable shortfall, clients may not receive their full entitlement and may share in the shortfall in proportion to their original share, or on some other basis in accordance with the applicable law; c) When your investments are pooled, you may not receive the same treatment or options when there is a corporate action or other event as you would if the investment were held in a separately designated account with a nominee company or custodian, or held in your own name. For example, following an allocation or share issue that favours the small investor, your allocation may be less than it otherwise would have been

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if your investments had been registered in your own name.

- Risks associated with investments held by subcustodians outside Ireland or the EEA: Investing in overseas securities may give rise to different settlement, legal and regulatory requirements from those in Ireland or the EEA and different practices for the separate identification of investments. This means that your protection may be less should a default occur on the part of the custodian or sub-custodian. In certain jurisdictions where different laws/regulations apply, your investments will not necessarily be separately identifiable and may be subject to third party claims made against the relevant custodian or sub-custodian.
- "Un-invested money" (i.e. money not immediately required to settle an investment transaction) will not attract credit interest but may attract cash handling charges. Negative cash balances on your account may attract debit interest.

Cantor Fitzgerald endeavour to minimise these risks by confirming PSIL:

- Undertake risk assessments, as set out below, of institutions with whom your assets are held.
- Have written confirmation, in line with the Regulations, from these institutions that your assets will be segregated from the firm's own assets and will be held in separately designated Client Asset Accounts.
- Undertaking regular reconciliations of their records with those of the institutions and following up any differences in a timely manner.

- Undertaking daily calculations of the client money held for clients as per their records with the client money resource that should be held with the bank or credit institution.
- Ensuring instructions on your account are passed to the institutions by appropriately authorised members of staff.
- Ensuring financial instruments are registered and designated as outlined above.
- Ensuring adequate oversight of your assets is maintained by them through appropriate documented procedures and controls to minimise the risk of loss for clients.

PSIL in selecting relevant institutions to hold client assets on behalf of this firm's clients undertake an assessment, at least biannually, covering: The institution's credit rating (where available)

- (i) Known service levels for the institution (where we have past experience with the institution)
- (ii) Whether the institution is independent of the firm.
- (iii) What clients rights would be in the event of insolvency of the institution.

Where the institution is not in the jurisdiction a similar assessment is undertaken. Particular attention is paid to the establishing the relevant guidelines and compensation scheme.

Once an institution has been selected to hold Client Assets a facilities letter confirming specified details, as set out in the Regulations, will be obtained from the institution. No Client Assets will be lodged prior to receipt of the facilities letter.

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