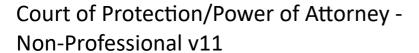
Introducer





Should you require any guidance in completing this form please contact the DCM New Business Team on: 0345 094 2255 or dcm@dcmcash.com

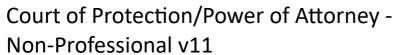
This form is for use for Court of Protection/Power of Attorney cases where the deputy is Not Acting in a Professional Capacity.

This form is intended for professional Introducer/Adviser use only—please do not pass it to your client. The objective of this form is to collect all of the data required to operate Dynamic Cash Management efficiently without any need for your input at a later date.

Please ensure that the form is completed in full, as any omissions may lead to a delay in setting up your client's Dynamic Cash Management account.

It is particularly important to ensure that your client is consulted on Sections 9 (ATRI) and 10 (Liquidity) as they are used to determine the types of institutions and accounts that we will deposit your client's cash with. Proper consultation will ensure that Dynamic Cash Management use only those institutions that your client is comfortable with and that they are able to withdraw funds when they need them.

1 IIIII Oddeci						
Name of Introducing Firm						
Name of Adviser / Introducer						
Telephone number of Adviser / Intro	ducer					
Email address of Adviser / Introducer	r					
Date						
Introducer fee This will be added to the Dynamic Cash Manag	gement plus fee to	o create your client's	Base Charge			
To operate DCM efficiently and to re would prefer we did not do this, plea		n burden on you	, we will liaise with	your client dire	ctly to collect signatures etc	. If you
2 Nature of Application						
Is the Attorney/Deputy acting in a no *In the event that the Attorney/Deputy is actin			the dedicated form for t	his scenario.	Yes	No*
3 Beneficial Owner Details						
Title	Mr	Mrs Ms	Miss	Other		
Surname						
Forename(s)						
Maiden name (if applicable)						
Known as (if different from above)						
Current Address						
Address Line 1						
Address Line 2						
Address Line 3						
Post Code						
Date moved to current address We require address history for a total of 6 years, extra address	s details can be stated	below. This information is re	gularly required when opening d	eposit accounts.		
Living arrangements at current addre	ess Ow	vner Tenant	Living with p	parents (	Other	
Previous Address						
Address Line 1						
Address Line 2						
Address Line 3						
Post Code						
Date moved to address						



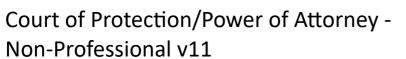


3 Beneficial Owner Det General Details	ails (Continued)		
Marital Status Married	Single D	Divorced	UK resident for tax purposes? Yes No
Widowed Civil Partner	Other	, voi ceu	Please list any other countries which you are a tax contributor due to
Date of birth	other		citizenship or residence conditions.
Town of birth			
Country of birth			Tax Identification number (if applicable)
Nationality			
(please state any dual nationalities)			Marginal rate of Income Tax
N.I. number			Non-Tax Payer Basic (20%) Higher (40%)
Mother's maiden name			Additional (45%)
Employment & Financial Informa	ition		
Current employment status			Employer's Address
Employed Full-time Em	ployed Part-time	Retired	
Self-employed Otl	ner		
If Employed are you:			Length of service with current employer (approx)
An Employee A Business Ow *someone who is able to influence the strategi	-,	er*	Gross Annual Income
Occupation or Profession			£10,000 or less £10,001 to £30,000
Previous occupation if retired			£30,001 to £50,000 £50,001 to £70,000
In which industry do you work?			£70,001 to £100,000 £100,001 to £150,000
Current employer			Above £150,000
(if retired then previous employer; if self- employed then company name)			Source of income
			Employment Savings/Investments Pension
			Other
Source of funds to be deposited	into DCM service (must	be completed	ed for ALL applications)
Sale of property Sale of	business/shares	nheritance	Gift Existing savings Other
accrued? If from <b>Gift</b> , who mad	le the gift to you and on rovide date of sale and	what terms? I property ad	Inds. eg If from Existing Savings, provide detail on how your savings? If Sale of property, was this your home, an investment property or ddress. If Sale of Business/shares, please provide confirmation the
Are funds being transferred to yo	our DCM account arriving	g from outside	de of the UK? Yes No
-		_	om which country funds will originate from, reason funds are being



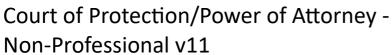
# Court of Protection/Power of Attorney - Non-Professional v11

4 Attorney/Deputy 1 Detai	ls					
Title	Mr Mr	s M	s Mis	ss Oth	ner	
Surname						
Forename(s)						
Maiden name (if applicable)						
Known as (if different from above)						
Current Address	If the	Same as Mair	n Applicant ti	ck here		
Address Line 1						
Address Line 2						
Address Line 3						
Post Code						
Date moved to current address We require address history for a total of 6 years, extra address	ss details can be stated below	r. This information is reg	gularly required when	opening deposit accounts	5.	
Living arrangements at current addre	ess	Owner	Tenant	Living with pa	arents Other	
Previous Address	If the	Same as Mair	n Applicant ti	ck here		
Address Line 1						
Address Line 2						
Address Line 3						
Post Code						
Date moved to address						
General Details						
Marital Status Married	Single	Divorced	UK reside	nt for tax purpo	ses?	Yes No
Widowed Civil Partner	Other			-	· ·	e a tax contributor due to
Date of birth			citizenshi	o or residence c	onditions.	
Town of birth						
Country of birth			Tax Identi	fication number	r (if applicable)	
Nationality					_	
(please state any dual nationalities) N.I. number				rate of Income 1		
			Non-Tax		Basic (20%)	Higher (40%)
Mother's maiden name		_	Additiona			_
	oloyed Full-time		Employed P	art-time	Retired	Self-employed
Oth	er					
Occupation or Profession (if retired then	previous Occupation or P	rofession)				
Gross Annual Income						
£10,000 or less £10,00	01 to £30,000	£30,001 t	to £50,000	£50,001	to £70,000	£70,001 to £100,000
f100.001 to f150.000 Abo	ove £150.000					





4 Attorney/Deputy 2 Detail	ils					
Title	Mr Mı	rs N	Ms Mis	s Oth	er	
Surname						
Forename(s)						
Maiden name (if applicable)						
Known as (if different from above)						
Current Address	If the	Same as Mai	in Applicant ti	ck here		
Address Line 1						
Address Line 2						
Address Line 3						
Post Code						
Date moved to current address We require address history for a total of 6 years, extra addre	ss details can be stated below	v. This information is r	regularly required when	opening deposit accounts.		
Living arrangements at current addre	ess	Owner	Tenant	Living with par	rents C	Other
Previous Address	If the	Same as Ma	in Applicant ti	ck here		
Address Line 1						
Address Line 2						
Address Line 3						
Post Code						
Date moved to address						
General Details						
Marital Status Married	Single	Divorced	UK reside	nt for tax purpos	ses?	Yes No
Widowed Civil Partner	Other			•	•	ou are a tax contributor due to
Date of birth			citizenshi	o or residence co	onditions.	
Town of birth						
Country of birth			Tax Identi	fication number	(if applicable)	
Nationality			-			
(please state any dual nationalities)			Marginal	rate of Income T	ax	
N.I. number			Non-Tax I	Payer	Basic (20%)	Higher (40%)
Mother's maiden name			Additiona	l (45%)		
Current employment status Emp	oloyed Full-time		Employed P	art-time	Retired	d Self-employed
Oth	er					
Occupation or Profession (if retired then	previous Occupation or P	Profession)				
Gross Annual Income						
£10,000 or less £10,00	1 to £30,000	£30,001	to £50,000	£50,001 t	o £70,000	£70,001 to £100,000
£100,001 to £150,000 Abo	ove £150,000					



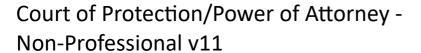


5 Contact De	etails							
Please note this can	nnot be the Introducer's co	ontact details as s	some ins	titutions we open accounts v	vith insist on bein	g able to con	tact the	
Named Individual di	irectly. At least one telepi	hone number requ	uired.					
Attorney/Deputy 1				Attorney/Deputy 2				
Home Telephone				Home Telephone				
Work Telephone				Work Telephone				
Mobile Telephone				Mobile Telephone				
Email Address				Email Address				
Preferred Contact N	Method Telephone	Email Po	ost	Preferred Contact Method	Telephone	Email	Post	
6 Correspon	dence Address— (who	ere documents ar	re to be s	sent via <b>the Introducer</b> )				
If required, all Dynamic	Cash Management documents	s can be sent care of	f the Ado	dress Line 1				
	directly to the client. This inclu come Packs, statements, and f		۸۸۵	dress Line 2				
	iiring signatures, so this option			dress Line 3				
	of these documents. Please n		tions	st Code				
	ndence to the client's home of ash Management in the pre-pai		u be lette	it code				
If this is required, please	enter details below. Otherwise	please leave blank an	nd all					
	ent to the client's home address							
7 Existing Ba	nk Accounts							
J		0 (annroy) to be r	maintain	ad autside of DCM and the i	nstitutions (in Rar	ak or Building	· Casiatul	
Expected cash depo	isits of filole triality to over							
they will be held wit		- (	Tidilitaili.	ed outside of DCM and the i	institutions (ie bai	ik or ballallig	(Society)	
	th.			ere online banking is active f		ik or ballallig	(Society)	
Please exclude amo	th.	DCM. Please indi			or this account.	On	iline Access?	
Please exclude amo	th. unts being transferred to	DCM. Please indi	icate whe	ere online banking is active f	or this account.	On	lline Access? (Please tick)	
Please exclude amo	th. unts being transferred to	DCM. Please indi	icate whe	ere online banking is active f	or this account.	On	iline Access?	
Please exclude amo	th. unts being transferred to	DCM. Please indi	icate whe	ere online banking is active for the place of the place o	or this account.	On	lline Access? (Please tick)	
Please exclude amo	th. unts being transferred to	DCM. Please indi	icate whe	Approximate balance  Approximate balance  Excluding monies to be place  f	or this account.	On	lline Access? (Please tick)	
Please exclude amo	th. unts being transferred to	DCM. Please indi	icate whe	ere online banking is active for Approximate balance for Excluding monies to be placed.	or this account.	On	lline Access? (Please tick)	
Please exclude amo	th. unts being transferred to	DCM. Please indi	icate whe	Approximate balance  Approximate balance  Excluding monies to be place  £  £  £  £	or this account.	On	lline Access? (Please tick)	
Please exclude amo	th. unts being transferred to	DCM. Please indi	icate whe	Approximate balance  Approximate balance  Excluding monies to be place  £  £  £  £  £	or this account.	On	lline Access? (Please tick)	
Please exclude amo	th. unts being transferred to (ie Bank or Building Socie	DCM. Please indi	icate who	Approximate balance excluding monies to be place  £  £  £  £  £  £  £	or this account.	On	lline Access? (Please tick)	
Please exclude amo	th. unts being transferred to	DCM. Please indi	icate who	Approximate balance excluding monies to be place  £  £  £  £  £  £  £	or this account.	On	lline Access? (Please tick)	
Please exclude amo	th. unts being transferred to (ie Bank or Building Socie	DCM. Please indi	icate who	Approximate balance excluding monies to be place  £  £  £  £  £  £  £	or this account.	On	lline Access? (Please tick)	
Please exclude amo	th. unts being transferred to (ie Bank or Building Socie	DCM. Please indi	icate who	Approximate balance excluding monies to be place  £  £  £  £  £  £  £	or this account.	On	lline Access? (Please tick)	
Please exclude amo Provider  Please list any other	th.  unts being transferred to  (ie Bank or Building Socie  r banks or building societi	DCM. Please indi	icate who	Approximate balance excluding monies to be place  £  £  £  £  £  £  £	or this account.	On	lline Access? (Please tick)	
Please exclude amo Provider  Please list any other  8 Linked Acc	th.  unts being transferred to  (ie Bank or Building Socie  r banks or building societ	DCM. Please indi	e online I	Approximate balance  Approximate balance  Excluding monies to be place  £  £  £  £  £  £  £  £  £  £  £  £  £	or this account.	On	lline Access? (Please tick)	
Please exclude amo Provider  Please list any other  8 Linked Acc Client's existing ban	th.  unts being transferred to  (ie Bank or Building Socie  r banks or building societi	DCM. Please indi	e online I	Approximate balance for excluding monies to be placed of the second of t	or this account.	On	lline Access? (Please tick)	
Please exclude amo Provider  Please list any other  8 Linked Acc Client's existing ban	th.  unts being transferred to  (ie Bank or Building Socie  r banks or building societ  ounts  k account to be linked to  posits to the 'hub' accour	DCM. Please indi	e online I	Approximate balance for excluding monies to be placed of the second of t	or this account.	On	lline Access? (Please tick)	
Please exclude amo Provider  Please list any other  Linked Acc Client's existing ban Please note that dep Bank or Building Soc	th.  unts being transferred to  (ie Bank or Building Societ  r banks or building societ  counts  k account to be linked to posits to the 'hub' accounciety name	DCM. Please indi	e online I	Approximate balance for excluding monies to be placed of the second of t	or this account.	On	lline Access? (Please tick)	
Please exclude amo Provider  Please list any other  8 Linked Acc Client's existing ban Please note that dep Bank or Building Soc Name on the account	th.  unts being transferred to  (ie Bank or Building Societ  r banks or building societ  counts  k account to be linked to posits to the 'hub' accounciety name	DCM. Please indi	e online I	Approximate balance for excluding monies to be placed of the second of t	or this account.	On	lline Access? (Please tick)	
Please exclude amo Provider  Provider  Please list any other  Linked Acc Client's existing ban Please note that dep Bank or Building Soo Name on the account	th.  unts being transferred to  (ie Bank or Building Societ  r banks or building societ  counts  k account to be linked to posits to the 'hub' accounciety name	DCM. Please indi	e online I	Approximate balance for excluding monies to be placed of the second of t	or this account.	On	lline Access? (Please tick)	
Please exclude amo Provider  Please list any other  8 Linked Acc Client's existing ban Please note that dep Bank or Building Soc Name on the account	th.  unts being transferred to  (ie Bank or Building Societ  r banks or building societ  ounts  k account to be linked to posits to the 'hub' accounciety name  nt	DCM. Please indi	e online I	Approximate balance for excluding monies to be placed of the second of t	or this account.	On	lline Access? (Please tick)	

# Court of Protection/Power of Attorney - Non-Professional v11



9 Attitude To Risk And Investment	
Our approach to choosing institutions Please read the following statement to your client	
The standard DCM approach exercises caution in institution selection and account balances. This means we avoid using some smaller or less secure institutions, even below the level of government compensation schemes. Judgement is also used when considering whether to tie up funds on notice and term deposits to limit them to institutions which meet more stringent security requirements.  Are you happy to use this approach?	
The you happy to use this approach.	
*If the Client chose No to the question above, please arrange for them to contact a representative of Dynamic Cas their concerns. We are able to tailor our approach to take account of their concern and to do so we would like to to risk better and discuss the most appropriate portfolio for them (contact details can be found at the beginning of	understand their attitude
Offshore Accounts	
We will sometimes consider accounts with banks based outside of the UK. These accounts will always be suitable for UK investors, have the same taxation treatment as onshore deposits and will always meet our strict security and administration requirements. Would you like to opt out of using these accounts?	Tick to opt out
SELECTING THIS OPTION MAY RESULT IN A LOWER INTEREST RATE THAN THE STANDARD SERVICE OVER TIME	
If you are happy to use institutions covered by the UK Financial Services Compensation Scheme, which would normally fall outside of our standard approach, we will do so – only up to the level of this compensation cover.	Yes No
Selecting this option could potentially result in a higher interest rate than the standard service.	
Would you like to opt in to this option?	
An 'enhanced protection' option is available. If selected, we will keep your client's capital within the statutory investor protection levels and a portion of the portfolio may be placed in an NS&I deposit.	Yes No
Selecting this option is likely to result in a lower interest rate than the standard service.	
Would you like to opt in to this option?	
Does the client wish to apply an ethical filter to the institutions we use?*	Yes No
*We offer this service at no additional cost to your clients. It is possible that applying an ethical filter will result in a lower interest rate being achieved than if no filter was applied. Please consult www.dcmcash.com/rates for further information.	





Date (if fixed)

#### 10 Liquidity

Within a few days

Commencing\*

scheduled date after its receipt.

Please state when your client will need access to their cash.

Cash can be split so your client has access to different amounts at different notice periods (for example £500,000 could be split as follows: £100,000 within a few days, £100,000 within 6 months rolling and £300,000 by a fixed date eg 1 January 2019).

Rolling notice – Cash will be available to your client once the required notice has been served (In the example above, this would be around six months after the withdrawal is requested)

Fixed – Cash is required on a set date eg for a tax bill (date must be specified)

£

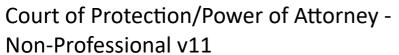
Where a rolling notice or fixed date is stated, funds may not be available until the notice period is served, or the fixed date is reached. Early access is not usually possible.

Please tick

Within 1 month		£		Rolling	Fixed	
Within 3 months		£		Rolling	Fixed	
Within 6 months		£		Rolling	Fixed	
Within 12 months		£		Rolling	Fixed	
Within 18 months		£		Rolling	Fixed	
Within 24 months		£		Rolling	Fixed	
Within 36 months		£		Rolling	Fixed	
Other (please specify:	months)	£		Rolling	Fixed	
Total initial deposit into DCM		£				
Future investment requiremen	nts and othe	r comments	(must be completed for	ALL applications	s)	
Please tell us how you intend to	o use your n	ew DCM acc	ount, any future planned	withdrawals and	d the purpose of these	e, regular additional
deposits and their expected so	urce, wheth	er any of the	funds being deposited a	re earmarked fo	r a specific purpose et	с
16.1						
If the client would like to make	a regular w	ithdrawal fro	om their DCM portfolio ba	ack to their linke	d account, please spec	cify below.
Payment Amount	a regular w	ithdrawal fro	om their DCM portfolio ba	ack to their linke	d account, please spec	cify below.

Dynamic Cash Management plus 7/8 POANOPRO1220

\*Subject to the initial deposit being received. If the initial deposit has not been received the Standing Order will commence on the first





11 Beneficial Owner Additional Address History This section is only required if the combined address history in Section Previous Address 2	n 3 is less than 6 years Previous Address 3				
Address Line 1	Address Line 1				
Address Line 2	Address Line 2				
Address Line 3	Address Line 3				
Post Code	Post Code				
Date moved to address	Date moved to address				
11 Attorney/Deputy 1 Additional Address History					
Previous Address 2 If the same as main client tick here	Previous Address 3 If the Same as main client tick here				
Address Line 1	Address Line 1				
Address Line 2	Address Line 2				
Address Line 3	Address Line 3				
Post Code	Post Code				
Date moved to address	Date moved to address				
11 Attorney/Deputy 2 Additional Address History					
Previous Address 2 If the Same as main client tick here	Previous Address 3 If the Same as main client tick here				
Address Line 1	Address Line 1				
Address Line 2	Address Line 2				
Address Line 3	Address Line 3				
Post Code	Post Code				
Date moved to address	Date moved to address				
12 Checklist & Next Steps					
Data Capture - Sections 1-11 completed in full (any gaps will delay the	opening of your client's account)				
Anti-Money Laundering documentation collected (or plans made to collect them)					
Next Steps					
Please save and email this form (we recommend that it is sent within a Please return the items on the checklist to: DCM Team, Gale and Phillip					

**End Of Form**