



ICVC

Beneficial Owners Supplementary Information form

This form is to be used in conjunction with the 'Application form for entities and trusts' or 'ICVC application form for regulated financial institutions and nominees' or if you have been asked to provide further beneficial owner information. If you have additional beneficial owner information to provide in relation to a personal ICVC investment, then please contact us on 0800 085 8677 to discuss this further. Please complete this form in block capitals.

Verification of identities for Anti-Money Laundering purposes

Under Anti-Money Laundering legislation, we are required to verify the identities of all named account holders and, other than in the case of listed companies or companies which are majority-owned and consolidated subsidiaries of listed companies, we are required to verify the identities of all beneficial owners, directors and senior management of the investing organisation. We may also need to undertake further verification of associated parties. For these purposes, we may need to obtain independent documentary evidence in respect of all the account holders and beneficial owners and may undertake electronic searches of the electoral register and of other personal data, which may be held by credit reference agencies and others. We reserve the right to request further information and documents from you following receipt of the forms and initial documents.

Privacy Notice

When you are investing in the funds or otherwise interact with us, we collect information about you which constitutes personal data under applicable laws and regulations. Our Privacy Notice explains how we collect, use and protect your personal data. You can find our Privacy Notice on our website and it is also available upon request.

Beneficial owners and senior management

If section 02, 2.1 and 2.2 are not completed in full (if applicable for the entity type), or if we deem further information to be required, we reserve the right to reject the application or restrict the usage of the account until the required information has been received.

Shareholders

- If the company does not issue shares but its constitution allows for the distribution of capital or profits, please include the names of any individuals entitled to more than 25% of the capital or profits.
- We are required to understand the ownership and control structures of our customers. Please enclose a group structure chart if one or more of the direct shareholders is another entity.

01 About the organisation - please complete or tick all boxes that apply to you	
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (existing investors only)
Name of organisation	<input type="text"/>
Business address including postcode	<input type="text"/> <input type="text"/> <input type="text"/>
Telephone	Daytime <input type="text"/> Alternative <input type="text"/> (if applicable)
<p>If your organisation is part of a group, please include an organisation chart showing the group structure, including the ultimate parent company and ownership percentages.</p> <p>If any corporate trustees have been appointed please include their organisation structure chart.</p> <p>Please tick the box to confirm an organisation chart has been included with this form.</p> <p><input type="checkbox"/> If the entity or corporate trustee are not part of a group, please write 'N/A' in the tick box.</p>	
<p><input type="checkbox"/> Information about our products and services We may send you information about our products and services and anything else that we think you may be interested in. If you would like to receive this information, please tick the box.</p>	
02 Beneficial owners, directors and senior management	
Listed companies or subsidiaries of listed companies	
<p>If your organisation is a listed company or a majority-owned and consolidated subsidiary of a listed company you do not need to complete section 2.1 or 2.2. If this is the case, please provide the name of the exchange and security identifier/code for the listed company below:</p> <input type="text"/>	
Private companies, unlisted public companies, limited liability partnerships, charitable incorporated organisations or charitable companies	
<p>If your organisation is any other type of incorporated company, please complete section 2.1 with details of the following individuals and tick the boxes to confirm that the information has been provided, or write 'N/A' in the box if there are no individuals which meet this description:</p> <p><input type="checkbox"/> Individuals who own or control more than 25% of the share capital or voting rights (directly or indirectly e.g. via a holding company)¹</p> <p><input type="checkbox"/> Any other people exercising control over the company³ (if applicable)</p> <p>If both boxes above are not applicable, instead please complete a box in section 2.1 with the details of the senior managing official within the organisation, stating their capacity as 'senior managing official'.</p> <p>Please complete section 2.2 with the details of the following individuals and tick the boxes to confirm that the information has been provided, or write N/A in the box if there are no individuals which meet this description.</p> <p><input type="checkbox"/> Full names of senior managers, if not already listed under another category²</p> <p><input type="checkbox"/> Full names of board of directors or equivalent²</p> <p><input type="checkbox"/> Full names of any charitable trustees (charities only)</p>	
Pension schemes	
<p>Please complete section 2.1 with details of the following individuals and tick the boxes to confirm that the information has been provided:</p> <p><input type="checkbox"/> Trustees or equivalent (including corporate trustees)</p> <p><input type="checkbox"/> Scheme beneficiaries⁵</p> <p>If a corporate trustee has been appointed, please also complete the below information in section 2.1:</p> <p><input type="checkbox"/> Individuals who own or control more than 25% of the corporate trustee's share capital or voting rights (directly or indirectly e.g. via a holding company)¹</p> <p><input type="checkbox"/> Any other people exercising control over the corporate trustee³ (if applicable)</p> <p>If both boxes above are not applicable, instead please complete a box in section 2.1 with the details of the senior managing official within the corporate trustee company, stating their capacity as 'senior managing official'.</p>	

SP908/63581-V5/150221

2 Directors and senior managers
 The full names of the board of directors and staff that your organisation deems to be the senior managers who are responsible for the operations of your organisation are required. The full address and date of birth are not required for directors and senior managers, unless they are also acting in another beneficial owner capacity e.g. shareholder or controller. Please note that full name, date of birth and address details are required when providing details of one 'senior managing official' in lieu of beneficial owner (shareholders or controllers) details.

3 People exercising control over a company
 A person is deemed to exercise control over a organisation, other than through share capital or voting rights, if they have powers such as the following:

- Have the right to appoint or remove the majority of the board of directors
- Hold absolute/independent decision rights related to the running of the business of the company, for example: adopting/ amending its business plan, changing the nature of its business, borrowing from lenders, appointing or removing its CEO, establishing or changing its director or employee incentive scheme or granting share options.
- Have the right to exercise ultimate control over the management of the body corporate
- Have the right to exercise significant influence or power via non-formalised means e.g. as a shadow director or a company founder
- Have the right to exercise one of the aforementioned forms of control or ownership via beneficial ownership or control of a trust (see relevant trust section and the note below)

For UK registered companies, such individuals must be reported to Companies House for inclusion in the People with Significant Control (PSC) register (or local equivalent for companies registered in the EU). For further guidance on individuals who would meet the definition of exercising control over a company, you may refer to Department for Business, Energy & Industrial Strategy publications e.g.: <https://www.gov.uk/government/publications/guidance-to-the-people-with-significant-control-requirements-for-companies-and-limited-liability-partnerships>

4 People exercising control over a trust
 'Control' in this scenario means the power (either jointly or severally) under the trust instrument or law to:

- Dispose of, advance, lend, invest, pay or apply trust property
- Vary or terminate the trust
- Add or remove a beneficiary
- Appoint or remove trustees or another controller
- Direct, withhold consent or veto the exercise of one of the above powers.

Trusts or charitable trusts	
Please complete section 2.1 with details of the following individuals and tick the boxes to confirm that the information has been provided, or write 'N/A' in the box if there are no individuals which meet this description:	
<input type="checkbox"/> Trustees or equivalent (including corporate trustees)	<input type="checkbox"/> Protector(s) or any other individuals who have control over the trust ⁴
<input type="checkbox"/> Settlor(s)	<input type="checkbox"/> Beneficiaries ⁵
If a corporate trustee has been appointed, please also complete the below information in section 2.1:	
<input type="checkbox"/> Individuals who own or control more than 25% of the corporate trustee's share capital or voting rights (directly or indirectly e.g. via a holding company) ¹	<input type="checkbox"/> Any other people exercising control over the corporate trustee ³ (if applicable)
If both boxes above are not applicable, instead please complete a box in section 2.1 with the details of the senior managing official within the corporate trustee company, stating their capacity as 'senior managing official'.	
Limited or unlimited partnerships, clubs, associations, churches or other organisations	
Please complete section 2.1 with details of the following individuals and tick the boxes to confirm that the information has been provided, or write 'N/A' in the box if there are no individuals which meet this description:	
<input type="checkbox"/> For partnerships, individuals who are entitled to or control more than 25% of share capital, profits or voting rights	<input type="checkbox"/> Any other person who exercises ultimate control over the management of the organisation
Please complete section 2.2 with the details of the following individuals:	
<input type="checkbox"/> Full names of any other partners, directors, committee members or equivalent	
Government departments, state owned companies, local authorities, public sector pension schemes or other public sector entities	
Please complete section 2.1 with details of the following individuals and tick the boxes to confirm that the information has been provided:	
<input type="checkbox"/> The senior managing official within the organisation (state the capacity as 'senior managing official')	<input type="checkbox"/> Any other people exercising control over the entity ³ (indicate 'N/A' if not applicable)
Please complete section 2.2 with the details of the following individuals and tick the boxes to confirm that the information has been provided:	
<input type="checkbox"/> Full names of directors, executive committee members/representatives or equivalent	
2.1	Details of beneficial owners Please complete all details using block capitals
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other please specify
Name	
Permanent residential address (including postcode)	
Date of birth	d d m m y y
Capacity⁶ and percentage ownership, if applicable	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other please specify
Name	
Permanent residential address (including postcode)	
Date of birth	d d m m y y
Capacity⁶ and percentage ownership, if applicable	

- 5 **Beneficiaries**
- If your application is on behalf of a pension scheme or charitable trust and there are more than 11 beneficiaries, complete one of the address boxes in section 2.1 with a description of the 'class of beneficiaries' instead of listing individuals.
 - If your application is on behalf of a trust and the trust deed only specifies a class of beneficiaries, e.g. 'children and grandchildren of the settlor', please confirm the names of any individuals who have already received a payment or benefit from the trust (if applicable) and complete another of the boxes with a description of the class of beneficiaries. If no individuals have benefited from the trust to date, please include a statement confirming this in the address field.
 - In the case of more complex trusts where one or more of the beneficiaries is a company or another trust, please include a trust structure chart.

6 **Capacity**
 For example, shareholder, director, trustee, beneficiary, settlor or senior managing official. If more than one capacity applies, please include all relevant capacities.

2.1		Details of beneficial owners (continued)	
Please complete all details using block capitals			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>		
Permanent residential address (including postcode)	<input type="text"/>		
Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>		
Capacity⁶ and percentage ownership, if applicable	<input type="text"/>		
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>		
Permanent residential address (including postcode)	<input type="text"/>		
Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>		
Capacity⁶ and percentage ownership, if applicable	<input type="text"/>		
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>		
Permanent residential address (including postcode)	<input type="text"/>		
Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>		
Capacity⁶ and percentage ownership, if applicable	<input type="text"/>		
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>		
Permanent residential address (including postcode)	<input type="text"/>		
Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>		
Capacity⁶ and percentage ownership, if applicable	<input type="text"/>		
2.2		Details of directors and senior management	
Please complete all details using block capitals. Completion of this section is only required if instructed in section 02			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>		
Role	<input type="text"/>		
Capacity⁶	<input type="text"/>		
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>		
Role	<input type="text"/>		
Capacity⁶	<input type="text"/>		
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>		
Role	<input type="text"/>		
Capacity⁶	<input type="text"/>		

If there is insufficient space to list all the relevant individuals, please print a duplicate of this page or request another copy. Alternatively, you can include the additional information in a covering letter. Please ensure that all forms and documents are submitted together.

2.2 Details of directors and senior management (continued)	
Please complete all details using block capitals. Completion of this section is only required if instructed in section 02	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>
Role	<input type="text"/>
Capacity ⁶	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>
Role	<input type="text"/>
Capacity ⁶	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>
Role	<input type="text"/>
Capacity ⁶	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>
Role	<input type="text"/>
Capacity ⁶	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text" value="Other please specify"/>
Name	<input type="text"/>
Role	<input type="text"/>
Capacity ⁶	<input type="text"/>

If this form is submitted with incomplete information, we may need to contact the account holder(s) prior to setting up the account in order to fulfil our obligations under Anti-Money Laundering legislation and data protection legislation. We may refuse to accept investments or allow disposal of the shares by the account holder(s) until such time as the above due diligence measures have been completed to our satisfaction.

Please return the completed form, accompanied by the completed application form to:
 Invesco Administration Centre
 PO Box 586
 Darlington
 DL1 9BE
 United Kingdom

If you have any questions please speak to your organisation's financial adviser or contact us on:
 Telephone 0800 085 8677
 Facsimile 020 3180 7647

www.invesco.co.uk
 Telephone calls may be recorded.

03 Your declaration and signature(s)

I/We hereby certify that the list of beneficial owner(s) and senior managers on this form is a complete list and that they are known to me/one or more of us and that the capacity description is appropriate and accurate.

I/We confirm I/we have read and understood your Privacy Notice.

Authorised signature	Date
<input type="text"/>	<input type="text"/>
	d d m m y y

Print name
<input type="text"/>

Authorised signature	Date
<input type="text"/>	<input type="text"/>
	d d m m y y

Print name
<input type="text"/>

Authorised signature	Date
<input type="text"/>	<input type="text"/>
	d d m m y y

Print name
<input type="text"/>

Authorised signature	Date
<input type="text"/>	<input type="text"/>
	d d m m y y

Print name
<input type="text"/>