

Dolmen Stockbrokers

Self-directed Pension Account

Opening Document

Advisory Service

HOW TO PROCEED

Application Form Complete the attached form. Please take time to read our Terms and Conditions which are enclosed.

This application form is to open an Advisory SDIO Account, which will facilitate investment in quoted securities such as Equities, Government Bonds, Corporate Bonds, Exchange Traded Products (ETF's), Deposits, Structured Products and such other investments as Friends First may deem admissible from time to time.

Identification In order to open your account Anti-money Laundering Rules require that we receive a certified* copy of your driving licence or passport and 2 original/certified copies of utility bills not more than 6 months old.

**Must be stamped and certified to be a true copy of the original by a member of An Garda Siochana, a bank official, a solicitor, a practising accountant or a member of the judiciary. Alternatively, if you are attending Dolmen's offices your broker can certify your identification.*

Post/Delivery Return completed Account Opening Document and identification to:

Dublin: Dolmen Stockbrokers, 75 St Stephen's Green, Dublin 2

Limerick: Dolmen Stockbrokers, Theatre Court, Lower Mallow Street, Limerick

Cork: Dolmen Stockbrokers, 45 South Mall, Cork

Queries/Advice Call your broker on:

Dublin: +353 1 633 3633

Cork: +353 21 422 2122

Limerick: +353 61 436500

Email Queries to Client Services at ireland@cantor.com

1. Personal Details (PLEASE USE BLOCK CAPITALS)

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Insurance Company:	<input type="text"/>
Surname	<input type="text"/>	Policy Number:	<input type="text"/>
Forename(s)	<input type="text"/>	PPS Number	<input type="text"/>
Date of Birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	Nationality	<input type="text"/>
Place of Birth	<input type="text"/>		
Provisional retirement date (if known)	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>		

2. Contact Details (PLEASE USE BLOCK CAPITALS)

Self

Home Address

Telephone Numbers and Email Address

Home	<input type="text"/>	Mobile	<input type="text"/>
Office	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

Correspondence Address (if different from above)

Contact Name and Tel No.(in the event that you cannot be contacted)

For regulatory reasons it is a requirement that we obtain the information below. An advisory account cannot be opened without this information.

Please provide best estimates for the financial information requested. Please complete all sections. Where a section is not applicable to your circumstances please insert "0".

3. Financial Background (PLEASE USE BLOCK CAPITALS)

Regular Income

Income from employment/pension	€ <input type="text"/>	p.a.
Net income from investments other than property	€ <input type="text"/>	p.a.
Net income from property	€ <input type="text"/>	p.a.
Other Net Income	€ <input type="text"/>	p.a.

Regular Commitments

Pension Contribution	€ <input type="text"/>	p.a.
Mortgage (for PPR*)	<input type="text"/>	p.a.
* Principal Private Residence	€ <input type="text"/>	p.a.
Estimated other commitments e.g. other loan payments	€ <input type="text"/>	p.a.

3. Financial Background CONTINUED

Occupation & Employment Capacity

Occupation

Employment Capacity ☐ Self-employed / Director
☐ Company Employee

Value of Personal Assets

Principal Private Residence (PPR) €

Mortgage on PPR €

Cash Deposits €

Other Investments €

Gross Value other properties €

Total Debt on other properties/investments €

Other net assets €

Source of Wealth/Funds

Please indicate your source of wealth (this refers to how you have accumulated your wealth), you may indicate more than one option

☐ Salary/Bonus ☐ Inheritance ☐ Savings ☐ Sale of Shares
☐ Sale of Property ☐ Other

If other please specify:

Please indicate your source of funds (this refers to the funds being transferred for investment with Dolmen), you may indicate more than one option

☐ Maturing Deposit ☐ Savings Account ☐ Transfer from other investment provider
☐ Proceeds of asset sale ☐ Other

If other please specify:

4. Investment Objectives and Risk

A. Portfolio Individual Transaction Size

What is your anticipated total portfolio size

- ☐ Less than €20,000
 ☐ Between €20,000 and €50,000
 ☐ Between €50,000 and €150,000
 ☐ Between €150,000 and €500,000
 ☐ Over €500,000

Is this typical of your previous portfolio size? Yes ☐ No ☐ If no, please indicate previous portfolio size €

What is your average anticipated transaction size

- ☐ Less than €10,000
 ☐ Between €10,000 and €50,000
 ☐ Between €50,000 and €250,000
 ☐ Over €250,000

Is this typical of your previous transaction size Yes ☐ No ☐ If no, please indicate previous transaction size €

B. Time Horizon

If you have a specific investment time horizon for your account please indicate below

- ☐ Less than 1 year
 ☐ Between 1 and 5 years
 ☐ Over 5 years

C. Income Requirement

Please state the approximate income requirement, if any, from your investment with Dolmen €

D. Which of the following best describes your investment objective

- ☐ Capital Growth only
 ☐ Mix of Income with Capital Growth
 ☐ Income only

E. Permitted Investment Instruments

Please tick which instruments you would consider investing in, you may indicate more than one option

- ☐ Equities
 ☐ Structured or non-quoted investments
 ☐ Investment Fund
 ☐ Government Bonds
 ☐ Corporate Bonds
 ☐ Derivatives including CFDs*
 ☐ Other, please specify

*Please note if you are investing in CFDs or Derivatives your account type will automatically be designated a risk taker.

F. Attitude to Risk

(i) Which of the following most accurately describes your investment/risk profile?

- ☐ **Very Cautious Investor**
 You are risk averse. Your investment preference is to maintain the security of your capital. You acknowledge that this investment strategy is at the expense of potential capital gain or incremental income.
- ☐ **Cautious Investor**
 You are prepared to accept low levels of risk for the prospect of slightly higher returns.
- ☐ **Considered Investor**
 You are looking for a balance of risk and reward. You accept during periods of market risk potential losses may exceed by a multiple the potential income from investments.
- ☐ **Considered Risk Taker**
 You are willing to accept higher levels of volatility and fluctuations in the value of your investments for the prospect of higher returns. You accept that volatility in markets may result in loss in excess of the initial investment amount.
- ☐ **Risk Taker**
 You are willing to accept high volatility levels and fluctuations in the value of your investments for the prospect of higher returns. You acknowledge that in light of the unpredictable nature of stock markets your investment may carry an increased risk of potential loss in excess of the initial amount invested.

(ii) You find it interesting to explore investment opportunities for your money?

- ☐ Strongly Agree
 ☐ Agree
 ☐ Neither Agree nor Disagree
 ☐ Disagree
 ☐ Strongly Disagree

4. Investment Objectives and Risk *continued*

(iii) Six months after making an investment where your capital is at risk, your investment performs poorly in line with weak financial markets. Which option described below, best suggests your possible course of action?

- ☐ Sell all the investment and put the proceeds in a deposit account to prevent further loss
- ☐ Sell part of the investment, purchasing a less risky investment with the proceeds to reduce further losses
- ☐ Monitor the investment ahead of deciding what to do
- ☐ Invest more monies to avail of weaker prices expecting recovery
- ☐ Make a riskier investment to recover all losses in the expectation of recovery

5. Experience

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.

A. Financial Instruments

Please indicate your investment experience in relation to the following instruments:

	NONE	BASIC	GOOD	EXTENSIVE	NUMBER OF YEARS EXPERIENCE	NUMBER OF TRADES PER ANNUM
Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Corporate Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Government Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Investment Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Structured or non-quoted investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Where you have dealt previously has this service been primarily

- ☐ Execution Only (no broker input) ☐ Advisory (broker advises you decide)
- ☐ Discretionary/managed (broker agrees investment parameters and has discretion to transact)

Relevant Experience

Do you have a professional qualification, work as an investment manager or adviser, or are a member of a recognised investment association?

Yes ☐ No ☐

If yes please provide details

Is there any other reason why we should deem you to be a professional investor

6. Power of Attorney

To be completed only in the event that you wish to grant a limited power of attorney to another person to act on your behalf in respect of your Dolmen account.

I/We hereby grant the person nominated by me/us below a limited Power of Attorney, to receive information and advice, and to issue instructions to Dolmen in my/our place. Such Attorney will be bound by the Account Opening Document and Terms & Conditions booklet and the terms of any other documentation executed with Dolmen by me/us on my/our behalf.

Name of Attorney*

*Please state individual's name and not company name.

Address of Attorney

Tel

Fax

Email

In signing this acknowledgement I acknowledge that I will be bound by the Terms and Conditions booklet and the terms of any other documentation executed with Dolmen in respect of this account.

Signature of Attorney

Date

Company Name (where relevant)

7. Additional Services

Dividends

Unless you specify otherwise you will receive cash dividends. Alternatively if you wish to receive stock dividends (where available) please tick this box ☐

Research Information

Dolmen, as part of our service, will send you our daily research e-mails, text message and mailings on investment opportunities. Please tick the service you wish to receive

Daily text of closing prices ☐

Daily Research email ☐

Weekly Research email ☐

Technical Research email ☐

Regular mailings on investment opportunities ☐

Online Access

Would you like "view only" online access to your Dolmen Account? Yes ☐

This will allow you to view your account statement and valuation online.

I authorise Dolmen to provide online access to my financial advisor. ☐

Name of Advisor

8. 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 Dolmen for clarification or, if you think it appropriate to do so, obtain independent legal advice.

The undersigned hereby acknowledges that:

- (a) I/We have carefully read, acknowledge and understand the terms of the below listed documentation which I/we have been presented with and have had an opportunity to consider. I/We hereby agree that by signing this acknowledgement that I/we will be bound by all terms and conditions contained in the following documents:
 1. Self Directed Pension Advisory 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 Dolmen to me in its entirety, and for which I now hereby apply.
- (c) The risk profile, investment experience, financial information and restrictions provided in the Account Opening Document is a complete and accurate record of all information relevant and necessary to allow Dolmen to provide an advisory service to me.
- (d) I/We acknowledge that Dolmen will arrange for a nominee account to be opened with Pershing Securities International Limited on my behalf.
- (e) I acknowledge that this account will invest in quoted securities such as Equities, Government Bonds, Corporate Bonds, Exchange Traded Products (ETF's), Deposits, Structured Products and such other investments approved by Friends First only.
- (f) By opening this account and signing below, the account owner represents and warrants that he/she/it is not a US person for the purposes of US Federal income tax and that he/she/it is not acting for, or on behalf of, a US person. A false statement or misrepresentation of tax status by a US person could lead to penalties under US law. If your tax status change or you become a US citizen or a resident, you must notify us within 30 days.

Client Acceptance

Signature of Client

Print Name

Date

9. Checklist

- ☐ Have you completed sections 1-7
- ☐ Have you signed section 8
- ☐ Have you enclosed a Certified Copy* of passport/driving licence with photograph and **TWO** original or certified* copies of utility bill/bank statements not more than six months old.

**Must be stamped and certified to be a true copy of the original by a member of An Garda Siochana, a bank official, a solicitor, a practising accountant or a member of the judiciary. Alternatively, if you are attending Dolmen's offices your broker can certify your identification.*