

# Children's Unit Trust Third Party Payers form.

Please complete this form if you would like to contribute to the plan, but you're NOT the person who is setting up, or has already set up, the plan (the Trustee).

Please complete the blank spaces 1-6 in BLOCK CAPITALS and BLACK INK. Remember to sign and date the sections marked X and complete the Direct Debit instruction if making regular contributions.

**1. Child's details.**

First name(s)  Surname  Date of birth (DD/MM/YYYY)

**2. Trustee's details** - this is the person who set up the plan.

First name(s)  Surname  Plan no. (if known)

Address

Postcode

**3. Your details.**

Title  First name(s)  Surname

Permanent residential address

Postcode

Date of birth (DD/MM/YYYY)  Evening telephone no.  Daytime telephone no.

Relationship to child  Email address

**4. How much do you wish to invest?** To be completed by the person detailed in section 3 only.

A. Regular monthly contribution. I wish to make regular contributions by Direct Debit for the above child. £30 minimum  Other (please specify amount) £

B. Cheque payment\*. I enclose my cheque for £  payable to Family Investment Management Limited.

\*A minimum of £250 initial lump sum payment applies if your payment is being used to start the plan.  
A minimum of £50 applies if you are adding to the plan after it has been set up.

**5. Declaration**

**Data Protection** - The information that you provide on this form will be held by Family Investment Management Limited and used for general business purposes and, in particular, to administer your payments into this Children's Unit Trust. Family Investments or companies with which it has a business relationship may later contact you using the details you supplied to provide you with details of other products and/or services which may be of interest to you. Please tick the boxes as appropriate:  
 Please do not mail me  Please do not call me  Please do not email me.

**Anti-Money Laundering** - We reserve the right to make authentication checks on your name and address for the purpose of compliance with anti-money laundering legislation. We may use a credit reference agency to help us do this and by signing this form you are agreeing to such checks. **We will not be able to accept your payment or set up your Direct Debit until identification has been established.** Please make sure you send us two forms of identification with this form. For a list of acceptable identification, please see the 'Anti-Money Laundering Identification Requirements' leaflet.

Your Signature:  Date:

**6. Instruction to your Bank or Building Society to pay by Direct Debit.**

Please fill in the whole form using a ball point pen and return to: Family Investments, 16-17 West Street, Brighton, East Sussex BN1 2RL.

Name and full postal address of your bank or building society.

To the Manager

Name(s) of account holder(s)

Branch sort code  -  -

Bank/building society account number

Service User No.

Reference number (for office use only)

**Instruction to your bank or building society**  
Please pay Family Investment Management Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Family Investment Management Limited and, if so, details will be passed electronically to my bank/building society.

Signature  Date

Banks and building societies may not accept Direct Debit Instructions from some types of account.