

About your charity

Charity name

Charity number

HM Revenue & Customs reference number

or

Epworth account number

Epworth Cash Plus Fund account number

About the person lodging the change(s)

Title

First name

Surname

Position

Daytime telephone number

Email address

Funds to which these changes apply

- | | |
|---|--|
| <input type="checkbox"/> All funds | <input type="checkbox"/> Epworth UK Equity Fund for Charities |
| <input type="checkbox"/> Epworth Cash Plus Fund for Charities | <input type="checkbox"/> Epworth Corporate Bond Fund for Charities |
| <input type="checkbox"/> Epworth Global Equity Fund for Charities | <input type="checkbox"/> Epworth Multi-Asset Fund for Charities |
| <input type="checkbox"/> Epworth Sterling Sovereign Bond Fund for Charities | |

Tell us what is changing

- | | |
|--|---|
| <input type="checkbox"/> 1. Change of correspondent | <input type="checkbox"/> 2. Change of address |
| <input type="checkbox"/> 3. Change of bank details | <input type="checkbox"/> 4. Change of instructions in respect of income |
| <input type="checkbox"/> 5. Change of the legal form of the organisation | <input type="checkbox"/> 6. Any other change |
| <input type="checkbox"/> 7. Change of signatories to mandate
(Complete by updating section 7 of this form - Authorisation, declaration and signatories) | |

Please turn over the page and complete the relevant sections.

1. Change of correspondent: details of new correspondent

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Email address	
<input type="text"/>	<input type="text"/>	
Home address		
<input type="text"/>		
<input type="text"/>		
Postcode	Daytime telephone number	
<input type="text"/>	<input type="text"/>	
Signature		
<input type="text"/>		
Date change will be effective from		
<input type="text"/>		

Will this person also be added to the mandate as a signatory?

If so, please provide an updated list of signatories to the mandate at section 7

Please complete any other relevant sections and move to section 7 to complete the declaration and forward the hard copy form to Epworth together with the other items indicated.

2. Change of address

Give details below of the full new address of the charity

Address
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>
Date change will be effective from
<input type="text"/>

Please complete any other relevant sections and move to section 7 to complete the declaration and forward the hard copy form to Epworth together with the other items indicated.

3. Change of bank details

Please provide details of the new bank account. Please attach documentary evidence to verify the details of the account. This can take the form of either a bank statement or an original paying-in slip.

Bank/Building society name

Account name

Sort code

Account number

Building society roll number

Swift code

Branch address

Date change will be effective from

Please complete any other relevant sections and move to section 7 to complete the declaration and forward the hard copy form to Epworth together with the other items indicated.

4. Change of instructions in respect of income

Income from these and future investments in the funds indicated on page 1 should be:

Reinvested in the funds

Paid to the account shown in section 3

Paid to our Epworth Cash Plus Fund for Charities account

5. Change of the legal form of the organisation

Please tell us here about any change to the legal form of your organisation. For example your charity may have converted from a trust to a company limited by guarantee or a charitable incorporated organisation (CIO).

6. Any other change

Please tell us in this space about any other change which you are notifying us in relation to your charity:

7. Authorisation, declaration and signatories

Operating instructions

Charity Commission guidance states that accounts should be operated by at least two authorised signatories. We do understand that this is not always possible or practical for smaller charities. Please indicate below your preferred operating instructions:

<input type="checkbox"/>	Any two authorised signatures	<input type="checkbox"/>	Any one authorised signature
<input type="checkbox"/>	Other instruction (please state)	<input type="text"/>	

I/We the undersigned hereby confirm that:

- The Funds to which this application relates are and will at all times be held on behalf of the charity.
- The income will be used solely for charitable purposes.
- The charity is registered with the Charity Commission for England and Wales, the Office of the Scottish Charity Regulator (OSCR) or the Charity Commission for Northern Ireland and/or is registered with HM Revenue and Customs as set out in section 2 of this application. (If not then alternative proof of charitable status is required.)
- The charity is eligible to invest in the Funds.
- We have read the contents of the Epworth Investment Funds for Charities Prospectus and/or the Epworth Cash Plus Fund for Charities Scheme and Scheme Particulars (available on request or at www.epworthinvestment.co.uk).
- We have received and read the Non-UCITS retail scheme key investor information (KIID) document for the relevant Fund(s).
- The persons signing below are duly authorised to sign on behalf of the charity in accordance with our mandate.
- We will inform Epworth Investment Management Limited should the charity cease to be eligible to remain invested in the Funds.

This warranty is deemed to be applicable to each additional contribution to the Funds. We will also notify Epworth Investment Management Limited in writing of any new specimen signature, including the person's name and capacity.

Authorisation and change of signatories to the mandate

To authorise the above changes this form must be signed by existing signatories. The number of signatories required will be governed by how many stipulated to operate the account. Where signatories to the mandate have changed it is necessary to list on this form the revised signatories including those who are presently signatories and will remain as such after the changes. If there are no current signatories remaining we will need a formal authorised signatory list approved according to your charity's mandate.

Authorised Signatory 1

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Date of birth	
<input type="text"/>	<input type="text"/>	
Home address		
<input type="text"/>		
<input type="text"/>		
Postcode	Daytime telephone number	
<input type="text"/>	<input type="text"/>	
Date moved to this address	Driving licence number	
<input type="text"/>	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	

Authorised Signatory 2

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Date of birth	
<input type="text"/>	<input type="text"/>	
Home address		
<input type="text"/>		
<input type="text"/>		
Postcode	Daytime telephone number	
<input type="text"/>	<input type="text"/>	
Date moved to this address	Driving licence number	
<input type="text"/>	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	

Authorised Signatory 3

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Date of birth	
<input type="text"/>	<input type="text"/>	
Home address		
<input type="text"/>		
<input type="text"/>		
Postcode	Daytime telephone number	
<input type="text"/>	<input type="text"/>	
Date moved to this address	Driving licence number	
<input type="text"/>	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	

Authorised Signatory 4

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Date of birth	
<input type="text"/>	<input type="text"/>	
Home address		
<input type="text"/>		
<input type="text"/>		
Postcode	Daytime telephone number	
<input type="text"/>	<input type="text"/>	
Date moved to this address	Driving licence number	
<input type="text"/>	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	

Authorised Signatory 5

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Date of birth	
<input type="text"/>	<input type="text"/>	
Home address		
<input type="text"/>		
<input type="text"/>		
Postcode	Daytime telephone number	
<input type="text"/>	<input type="text"/>	
Date moved to this address	Driving licence number	
<input type="text"/>	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	

Authorised Signatory 6

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Date of birth	
<input type="text"/>	<input type="text"/>	
Home address		
<input type="text"/>		
<input type="text"/>		
Postcode	Daytime telephone number	
<input type="text"/>	<input type="text"/>	
Date moved to this address	Driving licence number	
<input type="text"/>	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	

Please review the checklist in Section 8 prior to forwarding the completed documents.

8. Checklist

Please only enclose the supporting document(s) relevant to the changes you have requested. These are highlighted below:

1. Change of correspondent

Ensure section 1 is signed by the new correspondent.

2. Change of address

Proof of change of address of the charity (e.g. bank statement or other official document with the new address shown thereon).

3. Change of signatories to the mandate

All new and remaining signatories to the mandate should complete their details at section 3 and sign in the appropriate place.

4. Change of bank details

Please provide an original paying in slip for the new bank account.

5. Change of instructions in respect of income

No further details required.

6. Change of the legal form of the organisation

Please provide copies of all relevant legal documents relating to the change in legal form. This may include resolutions passed, new memorandum and articles of association or trust deed of the new organisation.

Once the form is complete and you have all the relevant enclosures, please email admin@epworthinvestment.co.uk

Epworth will review the documents and confirm the originals can be forwarded to **Epworth Investment Management Limited, 2nd Floor, 9 Bonhill Street, London, EC2A 4PE.**

If you have any questions or would like to discuss anything relating to these changes, please call us on **020 7496 3636** and ask for Epworth Operations team.

Data protection

Information needed to carry out our agreement with you. Your personal details will be held by us in accordance with current data protection law for the purposes of carrying out our agreement with you. You agree that Epworth Investment Management Ltd may process your personal data to: (i) confirm your identity and carry out background checks; (ii) provide its services to you; (iii) follow up with you after you request information about its services; (iv) comply with all applicable laws and fulfil its regulatory obligations; (v) prevent and detect abuse of its services.

Epworth Investment Management Ltd may keep records of all business transactions for at least five years. Epworth Investment Management Ltd will treat all clients' records as confidential.

If you wish to exercise your rights to receive a copy of the information that we hold about you please write to us at Epworth Investment Management Ltd, 2nd Floor, 9 Bonhill Street, London EC2A 4PE.

Internal use only

Checklist documents verified

Call back carried out

Charitable status confirms no FATCA reporting required