



ARIA | CAPITAL

STRICTLY PRIVATE & CONFIDENTIAL
PERSONAL ACCOUNT APPLICATION FORM
AND DECLARATION OF CONSENT

*Aria Capital Limited is regulated by the Central Bank of Ireland
(Regulated Business only)*

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For Office Use Only

Client name(s):	Account type: A <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Other _____ <input type="checkbox"/>
Client reference:	
Portfolio manager:	



IMPORTANT NOTICE

This is an application to open an Aria Capital Portfolio Account. It is important that you complete all sections of this application carefully. If you require any assistance please contact Aria Capital at private@aria-capital.ie or (01) 6854 100.

Aria Capital Ltd. ("Aria Capital") is authorised as a Multi-Agency Intermediary and Deposit Broker by the Central Bank of Ireland ("Central Bank") under Section 10 of the Investment Intermediaries Act, 1995 (as amended) and as an Insurance Intermediary under the European Communities (Insurance Mediation) Regulations, 2005 (as amended). Conexim Advisors Ltd. ("Conexim") is regulated by the Central Bank of Ireland under Regulation 11(1) of the European Communities (Markets in Financial Instruments) Regulations 2007, and as an insurance intermediary under the European Communities (Insurance Mediation) Regulations, 2005 (as amended).

1. IDENTITY DOCUMENTATION

In order to comply with Anti-Money Laundering regulations, we are required to verify your name and address. Please provide the documentation as outlined below. For joint applicants this information is required for both parties.

NAME VERIFICATION

An original or a certified copy* of current valid passport or full Irish driver's licence.

ADDRESS VERIFICATION

Any two of the following forms of proof of address. All documents must be originals or certified copies* and must be less than 3 months old.

- Utility bill (gas, electricity, local authority bill, landline telephone bill, etc). Mobile phone bills cannot be accepted.
- Bank statement, Credit Union statement or credit card bill.
- Current balancing statement from Revenue Commissioners
- Social insurance documents
- Current household/motor insurance certificate.
- Notification of Determination of Tax Credits or Tax Clearance Certificate

PROOF OF PPS NUMBER

An original or copy (which does not need to be certified) of any document evidencing your PPS number. Suitable documents include Public Services Card, Drugs Payment Card, P60, Tax Assessment, PAYE Notice of Tax Credits, Payslip.

* A certified copy is one that has been signed and stamped as 'a true copy of the original' by a solicitor, commissioner for Oaths, Garda, chartered accountant, bank official or a regulated entity, or another designated person as understood under The Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 (as amended).

2. SERVICE LEVEL

Please tick one

- Advisory
- Execution only
- Transactions authorisation

First named account holder only <input type="checkbox"/>	Second named account holder only <input type="checkbox"/>	Any account holder <input type="checkbox"/>	Both account holders <input type="checkbox"/>	Special instructions <input type="checkbox"/>
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Special instructions



3. PERSONAL INFORMATION

	<i>First Named Account Holder</i>	<i>Second Named Account Holder (if Joint Account)</i>
Title (e.g. Mr, Mrs, Ms, Dr, etc)		
Name		
Home Address		<i>If different to first named account holder</i>
Occupation		
Date of birth		
Place and Country of birth		
PPS number		
E-mail address		
Telephone		

4. BANK DETAILS

Monies may only be transferred from your portfolio to the bank account detailed below. Any amendment to these details must be notified to us in writing. Please note that we cannot transfer monies from your portfolio to a 3rd party account.

Bank/Building Society	
Branch name and address	
Account name	
Account number	
Bank Sort Code	
SWIFT/BIC	
IBAN number	



5. CONSENT AND DECLARATION

- 5.1 **Declaration**
I declare that the information provided by me in the Application Form and in this Declaration is correct and I undertake to inform Aria Capital without delay and in writing should any of the information change.
- 5.2 **Receipt and understanding of Terms**
I have received and read the Terms of Business ("Terms") governing this application. I understand that Aria Capital, Conexim, Pershing Securities International Ltd ("PSIL") and Pershing Securities Ltd ("PSL") and I are bound by the Terms if my application is completed. I further note that the Terms may subsequently change as set out in the Terms.
- 5.3 **Confirmation of Capacity of Investment**
I confirm that I understand that where I have received investment advice from Aria Capital and/or I am acting in an execution-only capacity in relation to this account. I am not requesting Conexim to provide an assessment of suitability or appropriateness in relation to investments on this account.
- 5.4 **Receipt of and Consent to Order Execution Policy**
I have received information regarding both Conexim and PSL's Order Execution Policy, and by signing this document I consent to having my orders executed as set out in those policies.
- 5.5 **Express Consent to Execution of an Order outside of a Regulated Market or MTF**
Where I have requested Aria Capital or Conexim to transmit an order for execution in an instrument admitted to trading on a Regulated market ("RM") or Multilateral Trading Facility ("MTF"), then I acknowledge that PSL may execute such order outside an RM or MTF in accordance with PSL's Execution Policy and I hereby give our consent for such execution.
- 5.6 **Receipt and understanding of Summary Conflicts of Interest Policy**
I have received and understand the summary Conflicts of Interest Policies from Aria Capital, Conexim and PSIL.
- 5.7 **Fees, Commissions and Charges**
I have received details of the fees, commissions and charges in relation to the account to be set up based on this application and I have agreed to these. In doing so I confirm that Conexim has explicit permission to deduct such amounts from my account(s) to satisfy any indebtedness to Aria Capital, Conexim or PSIL.
- 5.8 **Taxation**
I acknowledge and confirm I understand that there can be no guarantee that the tax treatment or any tax advantage promoted as part of any investment or scheme will remain in existence. I acknowledge and confirm that Aria Capital or Conexim will not be responsible for assessing the tax implications of investing in any particular instrument or any recommendations that they may make and that I should always take independent professional tax advice before making an investment decision. Aria Capital or Conexim will never act as a promoter or tax adviser in relation to transactions or schemes designed to enable a person to obtain a tax advantage, as defined in the Finance Act 2010. Should I knowingly receive a tax advantage from any particular investment or series of investments, I hereby confirm and acknowledge that it is me, my tax advisor, or the promoter of any such scheme who is responsible for disclosing any such tax advantage gained under the mandatory disclosure regime introduced by the Finance Act 2010, or any applicable regime in place at any particular time, and it is not the responsibility of Aria Capital or Conexim to identify or disclose any tax advantage gained from any such transactions.
- 5.9 **W-8 BEN**
I have received a copy of the W-8 BEN form and a document designed to assist in its completion. I understand that I will be unable to trade in US Securities until a correctly completed W-8 BEN has been provided to Aria Capital and this has been lodged with the appointed withholding agent. I understand that it is beneficial for clients who may be selling US securities and possibly receiving income in the form of dividends from US securities to complete this form, as it reduces the tax rate that would ordinarily be charged on such income or sales. This is facilitated by the double taxation agreement in place between Ireland and the United States.

6. CONSENT TO TERMS

Before completing and returning this form please ensure that you have read and understood the Terms and the Services you intend to avail of, including reading and understanding the Terms of Business, Risk Disclosure Notice, Summary Conflict of Interest Policy, Order Execution Policy and Schedule of Fees and Charges.

I hereby declare that all information supplied on this form and in any accompanying documentation is current and accurate to the best of my knowledge and I undertake to inform Aria Capital without delay and in writing should any of the information change.

Please sign below to confirm your consent to these Terms and please return the original to us.

SIGNATURE	NAME (PRINTED)	DATE
First named Account Holder 	<input type="text"/>	<input type="text"/>
Second named Account Holder (if Joint Account) 	<input type="text"/>	<input type="text"/>

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.
► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.
► Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- A person acting as an intermediary **W-8IMY**

Instead, use Form:

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.			Country
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.			Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the reasons the beneficial owner meets the terms of the treaty article: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here ►

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

Print name of signer Capacity in which acting (if form is not signed by beneficial owner)