

First Steps

Application form

For Alliance Trust Savings use only

PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK

Please read the notes for the points numbered. They can be found on the back cover of this form.

1. Personal details - adult account holder

Customer reference number
(existing Alliance Trust
Savings customers only)

Surname
(first holder)

Title

Forename(s)

Permanent
residential address

Mailing address
(if different)

Postcode

Date of birth

Postcode

Mother's maiden name

For security purposes

Telephone number(s)

Evening

Email address

Please state your email address only if you agree to us using it to communicate with you

2. Details about the child

Surname

Forename(s)

Date of birth

If the Plan is to be held in a Bare Trust for the above child please tick here

3. Information and disclosure instructions

Please send duplicate transaction statements to the person named below Please tick if yes
 Details of my plan(s) may be disclosed to

Name

Address

Postcode

4. Your subscriptions

By cheque £ Please make cheques payable to Alliance Trust Savings Limited

By direct debit £

Direct debits will automatically be collected on a monthly basis.

Do you wish direct debits to be collected quarterly? If yes, please tick

Direct debit commencing in M M Y Y Y Y

On which day of the month should collections be made? 1st 8th 15th 22nd Delete as appropriate

By transfer in of securities Please tick if yes Documents enclosed? Please tick if yes

By dividend reinvestment Please tick if yes Dividend mandate enclosed? Please tick if yes

Please remember to allow at least 10 working days before the first collection is due to allow your bank to set up the direct debit.
 Please make sure you complete the direct debit form.

5. Investment instructions for your subscriptions

Minimum purchase levels:
 If you wish to select levels other than the default levels please tick one of these boxes

Alliance Trust PLC (ord shares 2.5p) £50 (default) £100 £150

Other securities £150 (default) £300 £500

Please complete the boxes below, giving us your purchase and income instructions. You can use this section to invest in securities and/or place cash on deposit. If you need any information on available investments please call us on 0800 326 323 or refer to the First Steps brochure.

Investment		Subscription amount		Daily purchase option (see notes)	Income redirection (if req)	
Security name (inc. class)	TIDM code	Cheque (£)	Direct debit (%)		Security name (inc. class)	TIDM code
Total						

6. Annual Report and Accounts

Many adults holding a First Steps Plan for a child hold Alliance Trust PLC shares in another plan in their own name and receive the Report and Accounts in respect of that holding. Accordingly, we do not automatically arrange for the Alliance Trust PLC Report and Accounts to be sent out in respect of First Steps Plans. If you have selected to purchase Alliance Trust PLC shares and would like to receive the Report and Accounts in respect of this First Steps Plan, please tick here.

7. Linked Account details

Name	<input type="text"/>												
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Relationship to child	<input type="text"/>				
Signature	<input type="text"/>						Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please link my above account to this First Steps Plan. I have read the rebate qualifying terms in the Select Plans Important Information and Terms and Conditions brochure. I hereby authorise you to disclose information regarding the qualifying status of my account for rebate purposes to any of the First Steps Plan holders.

I consent to my personal data being held and processed for the purposes of administering the rebate. Where I am not an account holder of the First Steps Plan, I understand that I will not have access to any of the information which you hold regarding the First Steps Plan.

8. Declaration to Alliance Trust Savings and signature

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(For a plan in joint names this signature must be that of the first holder.)

I/We apply for a First Steps Plan and confirm that I/we have been given and have read the relevant sections of the Select Plans Important Information & Terms and Conditions brochure (Terms and Conditions), the Charges Schedule and any relevant Key Features. Please issue me with a Personal ID and PIN on acceptance of this application form. I/We authorise you to act on instructions given under that Personal ID and PIN through Alliance Trust Online and telephone facility. I/We agree to be bound by the terms of the Agreement between me/us and you and confirm that I/we understand that no interest is paid on balances in Cash and Security Accounts. I/We confirm that I/we have read and understood the data protection section within the Terms and Conditions.

By signing this application form, I/we consent to you using my/our information in the manner described in that section.

We may contact you by telephone and post to provide you with information on our products, services and events and those from companies within the Alliance Trust group. We may also transfer your information to other companies within the group so that they may contact you by telephone and post to tell you about their products, services and events. If you do not want to receive such information please write to the Customer Services Manager.

We may email you about Alliance Trust group products and services. We need to have your permission to do so; if you wish to benefit from these communications please tick this box.

Joint Holder 2												
Name	<input type="text"/>											
Address	<input type="text"/>											
	<input type="text"/>						Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<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"/>	<input type="text"/>	
Signature	<input type="text"/>						Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Joint Holder 3												
Name	<input type="text"/>											
Address	<input type="text"/>											
	<input type="text"/>						Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<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"/>	<input type="text"/>	
Signature	<input type="text"/>						Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Joint Holder 4												
Name	<input type="text"/>											
Address	<input type="text"/>											
	<input type="text"/>						Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<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"/>	<input type="text"/>	
Signature	<input type="text"/>						Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Please remember to enclose your cheque, direct debit mandate and/or share transfer documentation.

Notes

Please refer to the relevant brochure if you require further information on any of the points below.

1. Personal details

Please state the full name and address including postcode of the first named adult Plan holder. For Plans in joint names, the first named holder should complete the form and all holders must sign the form. Correspondence will be sent to the first named holder at the address given on the application form.

2. Child's details

Please tell us the name and date of birth of the child for whom this Plan is being held and tick the box if the Plan is to be held as a Bare Trust.

3. Information and disclosure instructions

If duplicate transaction statements are issued to a third party, they will be sent at the same time as your statements.

If you wish us to disclose information about your Plan and any other plans you have with us to your spouse, financial adviser, compliance officer, accountant or other third party, please provide their name and address. If instructions are to be accepted from anyone other than you, a power of attorney or letter of authority acceptable to us must be submitted.

4. Your subscription(s)

You must post your application and subscription (we do not carry out face-to-face business). Cheques and direct debits (minimum £50) must be drawn on a UK bank account in sterling.

Direct debits can be collected on the 1st, 8th, 15th or 22nd (or next business day) of the month.

Security transfer - provided a security meets our eligibility criteria, you may be able to transfer it into your Plan. Please contact us for a Transfer In Instruction Form and CREST Transfer Form. We reserve the right not to accept any transfer.

Dividend reinvestment - if you are a main register shareholder in Alliance Trust PLC you can arrange for dividends to be credited to a First Steps Plan. Please contact us for the relevant mandate form.

5. Investment instructions

For each security selected, please quote the full name and the class of security. This is very important as there may be different classes of security.

Please quote the TIDM code.

If the description is unclear your instruction will be rejected.

Minimum purchase levels - you can choose the levels at which purchases take place in your Plan. Please refer to the Terms and Conditions.

Direct debits - please allocate any direct debits by specifying the percentage to be invested. You cannot allocate fractions of a percent. For example, if you wish to allocate your direct debit amongst three securities, you could select 33%, 33% and 34%.

Daily purchase option - please state 'd' if you wish us to purchase your chosen security by the daily option. Otherwise the weekly option will apply. Direct debit subscriptions always use the weekly purchase procedure. Only complete this box for subscriptions by cheque. Please refer to the Terms and Conditions for further information.

Income paid to you - income will automatically be reinvested in the same security. However, if you require income from one security to be redirected to another Security Account or to the Deposit Account, you should enter the name, class and code of the security or 'deposit'. If you want income to be paid direct to you, you should enter 'cash' and we will send you the relevant form to complete.

6. Report and Accounts

Please tick the box in this section if you would like to receive the Alliance Trust Report and Accounts.

7. Linked Account details

This section of the form should be completed and signed by the adult who wishes to link their Alliance Trust account to this First Steps Plan. Linking gives you the opportunity to have Alliance Trust weekly purchase charges incurred within the First Steps Plan to be rebated back into the First Steps Plan. Please see the Important Information and Terms and Conditions brochure for full details.

8. Declaration

Under the Data Protection Act 1998 we are a data controller and will process data about you in performance of our duties as the provider of the First Steps Plan.

Please see the Terms and Conditions for more details.



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