

LF Arch cru funds (the “Funds”) Hardship Scheme

APPLICATION FORM

April 2018

PO Box 389, Darlington DL1 9UF
Tel 0345 608 0958 www.linkassetservices.com



Where we ask you to support your application with documentary evidence, please provide original or certified copies of all documents requested. We strongly recommend that if you send us original documents you should use Royal Mail Special Delivery or a similar insured courier service. We will return original documents to you by Royal Mail Special Delivery or a similar insured courier service, using the address provided in section 1 of this form, unless otherwise advised.

SECTION 1 – Personal Details and Declaration (Please complete in BLOCK CAPITALS)

Please note: If you invested via a fund supermarket, Link Fund Solutions Limited (“LFSL”) will not hold details of your individual investment. The named shareholder in LFSL’s records will be your platform provider. To apply to the Hardship Scheme, you will need to provide evidence of the investment you have made and contact your platform provider to arrange for them to send us additional details of your investment by completing the template at the end of this Application Form. You will also need to fill out all other relevant parts of this form.

- Platform provider form attached (*please tick if relevant*)
 - Evidence of investment attached (e.g. most recent statement of holding, or confirmation of purchase if your investment was made in the last six months) (*please tick if relevant*)
-

Please note: If you are an IFA applying on behalf of the person who holds shares in the Funds (the “holder”):

- (a) Please attach evidence that you are authorised by the holder to make this application on their behalf (for example, an authorisation letter signed by the holder).
 - Evidence attached (*please tick if relevant*)
- (b) Please write your name and company here:

Please note: If the holder is a charity, trustee on behalf of a trust or similar, please attach evidence that the person signing this form is authorised by the charity, trust etc. to make this application.

- Evidence attached (*please tick if relevant*)



The section 'Sole or first named joint holder' below must be completed for all applications. If the holder's shares are held jointly with other(s), please fill out the section below and provide separate details of the other named joint holder(s) in the following boxes.

Sole or first named joint holder

Title (Mr/Mrs/Other):

Surname:

Forename(s):

Permanent Address:

..... Postcode:

Telephone Number:

Name of Fund(s) in which investment held: *(please list all of the LF Arch cru sub-funds in which you have a holding):*

.....

.....

Holding account number(s) *:.....
 (* Not applicable if you invested via a fund supermarket).

Date of Birth:

National Insurance Number:

Occupation:

If you hold these investments on behalf of a child, please write the child's initial here:

.....

If you hold these investments as a trustee, please write the designation here:

.....



Second named joint holder (if applicable)

Title (Mr/Mrs/Other):

Surname:

Forename(s):

Permanent Address:

..... Postcode:

Telephone Number:

Date of Birth:

National Insurance Number:

Occupation:

Third named joint holder (if applicable)

Title (Mr/Mrs/Other):

Surname:

Forename(s):

Permanent Address:

..... Postcode:

Telephone Number:

Date of Birth:

National Insurance Number:

Occupation:



Fourth named joint holder (if applicable)

Title (Mr/Mrs/Other):
Surname:
Forename(s):
Permanent Address:
.....
..... Postcode:
Telephone Number:
Date of Birth:
National Insurance Number:
Occupation:

Declaration: To be completed by all/on behalf of all holders.

I/We declare that the information provided in the following documents is true and complete.

I/We declare I/we/the holder(s) is/are experiencing one of the circumstances described in section 2 overleaf as "Hardship", and that I/we/the holder(s) do/does not have any assets (apart from my/our/his/her home) that could reasonably be used or sold to pay for these expenses (with the exception of borrowing).

I/We declare that I/we/the holder(s) have/has either provided details in section 9 overleaf of any applications or claims made to an IFA or any other party for hardship relief, or confirm that no such applications or claims have been made.

I/We/The holder(s) declare(s) that either a one-off payment of £..... or monthly/quarterly payments of £..... [please complete/delete as appropriate] are necessary to relieve my/our/his/her immediate hardship.

I/We/The holder(s) understand that I/we/the holder(s) should only apply for a hardship payment once, unless there is a material change in my/our/the holder's personal circumstances.

The personal information provided on or with this Application Form ("**information**") will be used by LFSL for the sole purpose of processing this application for hardship. If the personal information does not relate to the person completing this application form, I/we confirm that I/we have received confirmation from the holder that (a) they consent to their details being provided and used to process this application, and (b) where applicable, the holder has obtained the consent of any other individual(s) whose details are provided on the Application Form to those details being provided and used for the purposes of processing this application. It may be necessary, in order for the application to be considered, for the medical practitioner(s) identified in the supporting documentation to be contacted for further information.



By making this application, I/we/the holder/the relevant individual who is the patient, consent to LFSL contacting any medical practitioner referred to in the supporting documentation for the purpose of obtaining further information in connection with processing this hardship application.

If I am not the holder, I declare that I have authority on behalf of the holder to make this application and sign this Declaration on the holder's behalf.

Signature: **Date:**

Holder, or IFA on behalf of Holder(s), or authorised signatory on behalf of a charity, trust or similar

Signature: **Date:**

Second Joint Holder (*if applicable*)

Signature: **Date:**

Third Joint Holder (*if applicable*)

Signature: **Date:**

Fourth Joint Holder (*if applicable*)

Please Note: All joint holders must sign the Declaration, unless the application is made by an IFA on behalf of all holders, or where the joint holders are trustees and the application is signed by an authorised signatory on behalf of a charity, trust or similar.



SECTION 2 – TYPE OF HARDSHIP

Please tick the boxes to indicate which category of hardship you wish to apply for and what documents you have enclosed with this Application Form.

Whilst we will normally be able to assess an application on the basis of the evidence requested below, we may require additional information in order to determine your application. We will contact you separately if this is necessary.

Please note that if you are applying under one of the Compassionate Grounds specified in part 2 categories (A) to (G) of the table below, we will need to consider your financial circumstances as well as the evidence that you satisfy a Compassionate Ground. You will therefore need to provide details of your financial hardship (by providing the information set out in sections 2 and/or 3, as specified below) as well as any additional evidence described in sections (A) to (G) below.

If you have any questions please contact us using the details set out below.

Hardship Criteria	Please tick
<p>1 <u>Severe financial hardship</u> – to meet reasonable and immediate living expenses.</p> <p><input type="checkbox"/> Please complete sections 3 and 4 of this form.</p> <p>If the reason for your severe financial hardship is due to you becoming permanently incapacitated, please also supply a certification by a registered medical specialist which includes a description of your condition, current treatment and prognosis.</p> <p><input type="checkbox"/> Original or certified copy Medical statement enclosed (<i>please tick if applicable</i>)</p>	<input type="checkbox"/>
<p>2 <u>Compassionate Grounds</u></p> <p>A. Medical costs – to help pay for medical costs (and transport costs) required to treat a life-threatening illness or injury, or to alleviate acute or chronic mental disturbance.</p> <p><input type="checkbox"/> Please complete sections 3 and 5 of this form.</p> <p><input type="checkbox"/> Please provide a certification (original or certified copy) by a registered medical specialist confirming the medical condition.</p>	<input type="checkbox"/>
<p>B. Accommodation or transport modifications – to fund specific modifications (to a principal place of residence or vehicle) that are necessary to accommodate special needs arising from a severe disability.</p> <p><input type="checkbox"/> Please complete sections 3 and 6 of this form.</p> <p><input type="checkbox"/> Please provide two quotes (original or certified copy) from qualified trades people for the required modifications.</p>	<input type="checkbox"/>



Hardship Criteria	Please tick
<p>C. Funeral and related expenses – to assist with funeral and/or other expenses related to the death of the former holder or a former spouse/civil/long term partner, child or parent of the holder.</p> <p><input type="checkbox"/> Please complete sections 3 and 7 of this form.</p> <p>Please also provide:</p> <p><input type="checkbox"/> Invoices (original or certified copy) for the funeral or other expenses; and</p> <p><i>Either:</i></p> <p><input type="checkbox"/> Death Certificate or Grant of Probate for a former spouse/civil/long term partner, child or parent of the holder (original or certified copy); or</p> <p><input type="checkbox"/> Grant of Probate, or Death Certificate and Small Estates Declaration and Indemnity Form*, for the holder (original or certified copy).</p> <p><i>* Please contact us if you need a copy of this form</i></p>	<input type="checkbox"/>
<p>D. Care for the terminally ill – to enable the holder to provide care for a person who is suffering from a terminal illness, including home care.</p> <p><input type="checkbox"/> Please complete sections 3 and 8 of this form.</p> <p><input type="checkbox"/> Please provide a statement (original or certified copy) from a registered medical practitioner confirming the person is terminally ill and the level of care the person will require (fulltime, at home, respite etc.).</p>	<input type="checkbox"/>
<p>E. Home mortgage foreclosure – to prevent a mortgage lender from selling your principal place of residence.</p> <p><input type="checkbox"/> Please complete sections 3 and 4 of this form.</p> <p><input type="checkbox"/> Please provide documentary evidence (original or certified copy) showing your inability to meet mortgage repayments or that your home may be at risk of repossession.</p>	<input type="checkbox"/>
<p>F. To meet a binding obligation entered into prior to suspension of the Funds</p> <p><input type="checkbox"/> Please complete sections 3 and 4 of this form.</p> <p><input type="checkbox"/> Please provide the contract (original or certified copy) giving rise to the binding financial obligation (e.g. hire purchase agreement for car etc.).</p>	<input type="checkbox"/>



	<p>G. Other compassionate grounds – To meet expenses in other hardship cases with circumstances consistent with those above.</p> <p><input type="checkbox"/> Please complete sections 3 and 4 of this form.</p> <p><input type="checkbox"/> Please provide any document(s) which support your current situation/claim to hardship on this basis (original or certified copy).</p>	<input type="checkbox"/>
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SECTION 3 – GENERAL DETAILS

a) Please briefly explain the cause of your financial hardship and how the benefits would be used (attach additional pages if the space provided is insufficient).

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b) Please list current value of all readily realisable assets, including:

Bank account(s)	£
Shares	£
Managed funds	£
Other	£
Total	£

If you think it would be unreasonable for you to realise any of these assets (e.g. if you would have any particular difficulty in realising these), please indicate the reasons for this:

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c) Please provide details of your average monthly income (net of tax) and your estimated average monthly expenditure:

Average monthly income (net of tax)	£.....
Average monthly expenditure	£.....



d) Please provide the last three months' worth of bank statements to support the figures detailed at (c) above.

Bank statements enclosed (*Please tick*) (original or certified copy)

e) What amount do you estimate would relieve your hardship? Please complete one of the options below to indicate whether you would require a one-off payment or regular monthly/quarterly payments.

One-off payment £.....

Per month/quarter £.....

f) What does this amount include and how did you calculate it?

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g) Details of spouse, civil or long term partner or children of any age:

Name	Address	Relationship	Age	Are they financially dependent?	
				Yes	No



SECTION 4 – INCOME AND EXPENSES

Please complete the following details:

Average monthly income (net of tax)			Commitments (average monthly) ¹	
Salary	Self	£	Please note: only payments made for necessary family living costs should be included. Payments made for non-essential items should not be included.	
	Spouse/civil/ long term partner	£		
Dividends/ interest	£		Mortgage repayments	£
Pension	£		Personal loan repayments	£
Benefits	£		Credit card repayments	£
Other income	£		Other loans	£
			Food and household items	£
			Phone	£
			Electricity	£
			Gas	£
			Clothing	£
			Car*	£
			Public Transport	£
			Council tax and water rates*	£
			House insurance*	£
			Education and fares*	£
			Other (details)*	£
Total Income £			Total Commitments	£

^{*} You may use expenses during the last year to estimate current commitments.

If the bank statements enclosed to complete section 2 do not show the commitments detailed above (e.g. by showing regular direct debits), please provide the bills which are due.

Bills enclosed (*Please tick if applicable*) (original or certified copy)

¹ If any individual payment exceeds £2,500, please submit the relevant bank statement (if not enclosed under section 3 above) or other supporting documentation. In certain circumstances we may require additional information to support your claim.



ADDITIONAL INFORMATION TO SUPPORT COMPASSIONATE GROUNDS

SECTION 5 – If applying to pay for medical expenses

a) Please briefly describe the nature of the illness and the required treatment.

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b) What costs have you incurred in the last 12 months in relation to the illness (*these details are not required if this is a new illness*) and what is your estimate of costs over the next 12 months?

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c) Will the estimated costs be covered by any existing private health insurance? YES/NO

If yes, please provide details of the health insurance and what percentage of the above costs will be/have been covered:

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SECTION 6 – If applying to fund specific modifications that are necessary to accommodate special needs arising from a severe disability

a) Please provide details of modifications you require to your principal place of residence or vehicle and why they are required.

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SECTION 7 – If applying to fund funeral and related expenses

- a) What was your relationship to the deceased?
- b) If the deceased was a holder in the Fund, are you the executor of the estate? YES/NO

SECTION 8 – If applying to provide care for a person who is suffering from a terminal illness, including home care

- a) What is your relationship to the patient?
- b) Are you providing the care directly? YES/NO
- c) If you are not providing care directly, please confirm who is providing this care and that you will be responsible for funding it.

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- d) What is the estimated cost of providing the required care for the next 12 months?

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SECTION 9 – Information regarding other hardship applications

- a) Please provide details of any applications or claims made to an IFA or any other party for hardship or similar relief

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**How to contact us regarding the Hardship Scheme:**

Telephone: LFSL Technical Services: 0345 608 0958

Email: lfarchcru@linkgroup.co.uk
(Enquiries only; all applications must be submitted by post)

Post: Link Fund Solutions Limited, PO Box 389, Darlington DL1 9UF

Notes:

- **Hardship process, complaints and further applications**

Hardship claims will be considered on a case by case basis and assessed against the Hardship Criteria. All decisions will be reviewed by a senior manager before a decision is made about whether a claim should be accepted. LFSL operates a complaints handling process, details of which are available on request.

Unless there is a material change in your personal circumstances, you should generally only make one application to the Hardship Scheme.

- **Calculation of payments in respect of successful hardship applications**

Where a hardship application is successful, the price at which the purchase of your shares will be processed will be determined by reference to the last calculated share price immediately prior to the processing of the application.

The number of shares which Capita Holdings Limited will purchase from you and the price at which they will be purchased will be set out in a Confirmation Letter which will be sent to you if your application is successful. You will at that point have an opportunity to confirm that you wish to proceed with the sale of your shares. In the event that your application is processed at a time when the prices of the shares in the Funds have been published as an estimate only (i.e. there is no last calculated share price), we will write to you to confirm the estimated price of the transaction, when it is expected that this will be finalised and, if appropriate, with arrangements for any element of the transaction that may be completed in the interim to relieve your hardship.

- **Seeking hardship relief if you have invested via an IFA**

It is strongly recommended that any shareholders who are concerned about their financial position consult with their IFA, who will be able to advise them in light of the advice previously given to them by the IFA regarding their investment needs and objectives.

- **Seeking hardship relief if you have invested via a fund supermarket**

If you invested via a fund supermarket, LFSL will not hold details of your individual investment. The named shareholder in LFSL's records will be your platform provider. To apply to the Hardship Scheme, you will need to contact your platform provider and arrange for them to send us details of your investment by completing the template at the end of this Application Form. If you invested via an IFA, it is strongly recommended that you also consult with your IFA.



- **Seeking hardship relief if you have invested via a tax efficient wrapper product (e.g. a Self-Invested Personal Pension (SIPP) or ISA)**

If you invested via a tax efficient wrapper product, LFSL will not hold details of your individual investment. The named shareholder in LFSL's records will be your ISA plan manager or SIPP trustee who will hold the shares for you. To apply to the Hardship Scheme, you will need to contact your provider to arrange for them to send us details of your investment by completing the template at the end of the Application Form. If you invested via an IFA, it is strongly recommended that you also consult with your IFA.

- **Seeking hardship relief if you have invested via an insurance or pension product**

If you invested via a third party's insurance or pension product, LFSL will not hold details of your individual investment. In addition, you will have purchased an interest in the insurance or pension product rather than an interest in the Funds (by contrast to the position in relation to 'wrapper' products, described above). The named shareholder in LFSL's records will be your product provider, which will not itself be eligible to claim under the Hardship Criteria. You should therefore contact your product provider, as well as your IFA, if you are concerned about your financial position and need assistance.



INVESTMENTS HELD BY NOMINEES

Please note:

- If you invested via a fund supermarket, or using a tax efficient wrapper product such as an ISA or SIPP, LFSL will not hold details of your individual investment. The named shareholder in LFSL's records will be your platform provider/ISA plan manager/SIPP trustee ("Nominee"). To apply to the Hardship Scheme, you will need to contact your Nominee to arrange for them to send us details of your investment by completing this part of the Application Form. You will also need to fill out all other relevant parts of the Application Form.
- This part of the form should be completed by Nominees who are the legal owners of holdings in the Funds on behalf of their underlying clients. The Nominee must also sign the Declaration below.

Nominee/Platform/fund supermarket to complete the following form (in BLOCK CAPITALS):

Holding account number(s):

Number of shares beneficially owned by your client (the "**beneficial owner(s)**") in each sub-fund and in each share class ("**Holding**"):

Sub-fund	Share class	Number of shares
LF Arch cru Investment Portfolio		
LF Arch cru Specialist Portfolio		
LF Arch cru Global Growth Fund		
LF Arch cru Balanced Fund		
LF Arch cru Income Fund		
LF Arch cru Finance Fund		

Name of beneficial owner(s):

Date(s) of investment:

.....

Please confirm whether the beneficial owner(s) invested via an IFA and, if so, the name of the IFA:

.....



Declaration: completed by (*insert name of Nominee*)
 ("we" or "us")

We declare that the information we have provided above is true and complete.

We agree that in the event that:

- (a) Link Fund Solutions Limited ("**LFSL**") sends a Confirmation Letter (in LFSL's standard form) to the beneficial owner(s) confirming that the beneficial owner(s)' application for hardship has been successful and stating the number of shares in the Funds ("Shares") which Capita Holdings Limited will agree to purchase (which shall be a number determined in LFSL's discretion which shall be equal to or less than the Holding) and the purchase value ("**Purchase Value**") at which Capita Holdings Limited will agree to purchase the Shares; and
- (b) the beneficial owner(s) agrees to participate in the Hardship Scheme and requests LFSL to purchase the Shares for the Purchase Value by countersigning a Form of Confirmation (in LFSL's standard form),

We agree, warrant and represent that:

- (a) Capita Holdings Limited is hereby authorised to purchase an amount of our shareholding in the Fund(s), free from all liens and encumbrances, up to the amount of the Shares, for the Purchase Value;
- (b) We are the legal owner of the Shares, we are entitled to sell the Shares under the laws of all jurisdictions which apply to us, and according to our records the beneficial owner(s) is/are the beneficial owner(s) of the Shares;
- (c) The Purchase Value shall be transferred to (*Nominee to insert its own account details*):

Bank:.....

Branch Address:

Account name:

Sort code:

Account number:.....

- (e) We will transfer the proceeds of the Purchase Value into the account of, or otherwise at the instructions of, the beneficial owner(s); and
- (f) These declarations, representations and our agreement to these terms will survive the completion of the sale of the Shares.



Please sign and date this form below where indicated.

Please also ensure that the name of the Nominee is provided, together with contact details.

First Authorised Signatory:

..... Date:

Second Authorised Signatory:

..... Date:

Signed for and on behalf of *(Please insert name of Nominee)*

Nominee contact details for any further communications about this application:

Name:

Address:

Telephone number: