

Schroders

Schroders ISA

Investment Amendment Application Form

Please return this completed form to:
Schroders Investor Services, FREEPOST,
PO BOX 1402, SUNDERLAND, SR43 4AF.

If you have any queries about filling out your application form, please contact your financial adviser or Schroders' investor services team on 0800 182 2399.

1 Your Details

Account ID*	U K T R A
Title (e.g. Mr, Mrs)*	
First Name(s)*	
Surname*	

2 Investment Adjustment

Please make the following transfers between my/our Schroder Funds:

You can find a list of our funds and the funds ISIN on our website, www.schroders.co.uk/investor.

In the appropriate box, please include I for Income Units/Shares or A for Accumulation Units/Shares.

If you have an existing Direct Debit that you wish to transfer to your new fund choice then please also complete Section 3.

1.	£	from*		Share class (Letter)*	<input type="checkbox"/>
	or	ISIN*	G B	Income or Accumulation*	<input type="checkbox"/>
	Shares	To*		Share class (Letter)*	<input type="checkbox"/>
		ISIN*	G B	Income or Accumulation*	<input type="checkbox"/>
<hr/>					
2.	£	from		Share class (Letter)	<input type="checkbox"/>
	or	ISIN	G B	Income or Accumulation	<input type="checkbox"/>
	Shares	To		Share class (Letter)	<input type="checkbox"/>
		ISIN	G B	Income or Accumulation	<input type="checkbox"/>
<hr/>					
3.	£	from		Share class (Letter)	<input type="checkbox"/>
	or	ISIN	G B	Income or Accumulation	<input type="checkbox"/>
	Shares	To		Share class (Letter)	<input type="checkbox"/>
		ISIN	G B	Income or Accumulation	<input type="checkbox"/>
<hr/>					
4.	£	from		Share class (Letter)	<input type="checkbox"/>
	or	ISIN	G B	Income or Accumulation	<input type="checkbox"/>
	Shares	To		Share class (Letter)	<input type="checkbox"/>
		ISIN	G B	Income or Accumulation	<input type="checkbox"/>
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5.	£	from		Share class (Letter)	<input type="checkbox"/>
	or	ISIN	G B	Income or Accumulation	<input type="checkbox"/>
	Shares	To		Share class (Letter)	<input type="checkbox"/>
		ISIN	G B	Income or Accumulation	<input type="checkbox"/>

*Mandatory Field

3 Amend Direct Debit

For existing Direct Debits only. For new Direct Debit instructions please complete a Schroders ISA Subscription/Redemption form.

Direct Debits cannot be made into certain share classes of Schroder Managed Wealth Portfolio, Schroder Tellworth UK Dynamic Absolute Return & Schroder Sustainable Future Multi-Asset Fund.

Tick the box below to cancel your Direct Debit. If you do not cancel your Direct Debit monies will continue to be invested in your existing fund selection.

Please note, the minimum direct debit is £50.00 per fund.

Amend my monthly direct debit to £* per month and invest as detailed below:

Amount*	Into Fund*	Share Class*	Income Units/Shares	or	Accumulation Units/Shares
£ <input type="text"/>	<input type="text"/> ISIN* <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
£ <input type="text"/>	<input type="text"/> ISIN <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
£ <input type="text"/>	<input type="text"/> ISIN <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
£ <input type="text"/>	<input type="text"/> ISIN <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
£ <input type="text"/>	<input type="text"/> ISIN <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>

Or Cancel my Direct debit

Your instructions will be amended at the next available collection date (on or around the 10th of each month).

I understand and accept that this application is subject to the current Schroder Unit Trusts Limited Prospectus and the Terms and Conditions. I confirm that I have received or accessed by electronic means the Prospectus, Key Investor Information Document (KIID) and Supplementary Information for the relevant fund and unit/share class that I wish to invest in. I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I agree to notify Schroder Unit Trusts Limited immediately in the event that any of the information provided changes, or if the declarations and certifications made cease to be accurate.

Account Holder(s) Signature*

Date*

Broker stamp required for validity (not transferable)

Agent Name: _____

Agent ID: _____

Agent email address: _____

FCA number: _____

Telephone number: _____

Execution only

or

Advised

Stamp:

606703

*Mandatory Field