

# Direct Debit Instruction

## Columbia Threadneedle Investment Trusts

You can use this form:

- If you have a current direct debit for regular monthly contributions and/or paying annual account charges, and want to change the bank details and/or
- To start paying annual account charges by direct debit

If you want to start, or amend, regular monthly investments to an account, please contact us for the appropriate top-up form instead.

In order to comply with UK money laundering legislation, we are required to verify the identities of any persons that make contributions where applicable. We will attempt to do this electronically. If the electronic check is unsuccessful we will not be able to make any collections from your account until we have received alternative documentary evidence of identity.

Unless the account specified is a CTF or JISA, **you must provide proof of your new bank/building society details with this form.** We can accept a pre-printed pay-in slip (normally found at the back of your cheque book), a cancelled cheque or a bank statement sent to you in the post within the last three months. **Please complete this form in block capitals and black ink.**

Please email our Investor Services Team at [investor.enquiries@columbiathreadneedle.com](mailto:investor.enquiries@columbiathreadneedle.com) or call 0345 600 3030 if you have any queries.

Please return this form to:

Columbia Threadneedle Management Limited  
PO Box 11114  
Chelmsford  
CM99 2DG

21DLU/1  
07/22

### Part 1 Details of Columbia Threadneedle Investments account holder

Please ensure you supply all information requested below – all fields marked with an \* are required.

Account number (if existing account holder)

Title (Mr/Mrs/Miss/Ms/Other)\* First name(s) in full\* Surname\*

Permanent residential address (including postcode)\*  
  
Postcode

Country Date of birth\* National Insurance number\*

Telephone Email address Nationality\*

### Part 2 Details of bank account holder (if different)

Please ensure you supply all information requested below – all fields marked with an \* are required.

Title (Mr/Mrs/Miss/Ms/Other)\* First name(s) in full\* Surname\*

Permanent residential address (including postcode)\*  
  
Postcode

Country Date of birth\* National Insurance number\*

Telephone Email address Nationality\*

Relationship of bank account holder to account holder

#### Data Protection

All personal information submitted with this application form will be treated in accordance with Columbia Threadneedle Management Limited's Privacy Policy, which is available at: [ctinvest.co.uk/privacy](http://ctinvest.co.uk/privacy). This privacy policy includes full details about the type of information we collect, what we use this information for, and your related rights.

In addition, the Key Features and Terms & Conditions document for the selected account contains a summary of the key information about how we process your personal information. Should you have any questions regarding how we process your personal information key contact information can be found both in the Privacy Policy and the Terms & Conditions document.

#### Marketing

We would like to provide you with details of financial services and products that we offer which we think you might find interesting. **If you would NOT like to receive such information, please tick this box** . If at any time you change your mind, please let us know by emailing us at [preferences@columbiathreadneedle.com](mailto:preferences@columbiathreadneedle.com).

**Part 3** Declaration and signature

**A: To start paying account charges by direct debit**

Please accept this instruction as my/our authority to set up a Direct Debit to collect the Account Charge for the above investment directly from my/our bank. I confirm that my personal details on this form are correct and your records should be updated where necessary. Where I am not the Columbia Threadneedle account holder, I understand that I cannot receive information about this investment without the written authority of the account holder. **I have enclosed proof of my new bank details.**

Signature of bank account holder

Date

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**B: To change an existing direct debit**

Please change the bank account that my direct debit is currently collected from.

I understand that any existing Direct Debit arrangements in my name within the account specified above will be overridden with the bank details supplied.

I confirm that my personal details on this form are correct and your records should be updated where necessary. Where I am not the Columbia Threadneedle account holder, I understand that I cannot receive information about this investment without the written authority of the account holder.

**I have enclosed proof of my new bank details.**

Signature of bank account holder

Date

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**Columbia Threadneedle Management Limited**

0345 600 3030, 9.00am - 5.00pm, weekdays, calls may be recorded or monitored for training and quality purposes.