

Bereavement Instructions

In the event of a bereavement of a Kuflink investor, please fill in the following form. Please ensure all applicable sections of this form are completed. If you have any questions or need some help, please get in touch with our Investor Relations team on 01474 334 488.

Section 1a - Details of the deceased customer

| | |
|------------------|--|
| Name | |
| Address | |
| E-mail address | |
| Telephone number | |
| Date of birth | |
| Date of death | |

Section 1b – Account details (if known)

| | |
|--------------------|--|
| User details | |
| Investment amounts | |
| IF-ISA Account | |

Section 2a – Documents required by Kuflink

Please provide the following documents to a member of Kuflink’s Investor Relations team.

- Copy of Will
- Certified Death Certificate
- Grant of Probate

Section 2b – Details of personal representative

By signing the declaration in section three of this form, you are confirming you are entitled to act as a personal representative for the deceased. To act as a personal representative, you must do so in one of the following capacities. Please check the box to indicate which capacity you comply with.

| | |
|------------------------------|--------------------------|
| Executor (s) of Will | <input type="checkbox"/> |
| Next of kin | <input type="checkbox"/> |
| Third party (e.g. Solicitor) | <input type="checkbox"/> |

| | |
|--------------------------|--|
| Full name | |
| Date of birth | |
| Address | |
| Telephone number | |
| E-mail address | |
| Relationship to deceased | |

If more than one Personal Representative, fill in Section 2b and Section 4 on separate forms as many times as required.

Please provide ID and proof of address for each Personal Representative.

Section 3 – Bereavement Instruction

Wallet funds

In the event that the deceased investor has funds held in his/her wallet, these funds will be sent to the nominated bank account held on account. If this bank account is no longer active, the personal representative shall provide bank account details to a member of the Investor Relations team. All funds will then be sent to this bank account.

Live Investments

In the case of live investments, please select from the following options:

| | | |
|---|--|--|
| 1 | Let all investments mature naturally. On maturity, funds will be returned to wallet and then returned to nominated bank account. | |
| 2 | Sell Select Invest loan parts via Kuflink's Secondary Market. There is no guarantee that loan parts will be sold and there is a 1% sellers fee. | |
| 3 | Liquidate portfolio with Kuflink for a 2% or £500 fee whichever is higher. This is at Kuflink's discretion and must be approved by Directors. Please note that Select/Select IFISA investments in default cannot be liquidated. Funds will only be repaid once the loan redeems. No Fees apply. | |

IF ISA Investment

If the deceased investor holds an IF-ISA investment, we can arrange for a surviving spouse or civil partner's yearly ISA subscription be increased by the value of the deceased's IF-ISA investment with Kuflink. They will need to have a Kuflink IF-ISA investment.

Please contact a member of the Investor Relations team for an IF ISA additional permitted subscription form.

Section 4 – Declaration

Please carefully read this declaration and sign below.

I declare that:

The information given on this form is complete and correct.

I/we are legally permitted to administer the deceased's estate (in accordance with what is stated in the Will or the laws of intestacy if no Will exists).

The person/people named in Section 2b are entitled to apply for Letters of Administration, a Grant of Probate or a Certificate of Confirmation to administer the deceased's estate in accordance with the laws of intestacy.

Where this declaration is given by more than one of us, each of us will be jointly and individually liable for it.

I/we are entitled either solely or with others, to the balance in the late customers account with Kuflink Ltd. Where any other beneficiaries is/are entitled to a share of these funds you confirm I/we have their consent to accept this agreement.

Signed _____

Name _____

Date _____