

STANDING ORDER FORM

To the Manager

(Your Bank)

I/we hereby authorise and request you to debit my/our

Account Name*	
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Account Details

Sort Code	Account Number	Amount	Frequency

Beginning Date	End Date	Number of Payments
	Until further notice	

And Credit

The Investment Managers' Charitable Trust

Sort Code	Account Number
60-03-19	79884717

Quoting Reference

	(Your Name)
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Signed

Block Capitals

*Please ensure that the actual name of the account is included in this box so that we can accurately match your payment to our records.