

Adviser election form

Authority to pay adviser charges/Appointing a new financial adviser

For use with Suffolk Life MasterSIPP, SimSIPP, SmartSIPP and Suffolk Life SIPP only.

For any fee to be paid on these plan types, we require an invoice to be sent via post (to the address listed above), email (adviserinvoices@suffolklife.co.uk) or via the secure portal.

If you have any other Curtis Banks or Suffolk Life product(s), please use the appropriate form from our website www.curtisbanks.co.uk.

If you wish to change plan type, please contact our Client Administration team (clientadministration@curtisbanks.co.uk) for further information.

1 Accessing our services

If you experience difficulties accessing any of our services due to personal circumstances, we may be able to make some adjustments to help you. Please provide us with details of your needs so we can assess any reasonable adjustments that we can make for you.

The information you provide will help us assess your requirements and make any reasonable adjustments to improve how we work and communicate with you.

We will require your consent to process this information, and to enable us to share this data with other third parties where appropriate, e.g. investment firms or advisers, to help us, and others to continue to meet your needs. Please could you kindly provide this below.

I agree to my information being processed by Nucleus Financial Platforms Group, to include being shared and gathered between relevant third parties.

Please refer to our Group Privacy Notice, should you require further guidance on how we collect use and protect your personal information. This can be found at www.nucleusfinancial.com/privacy-notice or please ask your adviser or us for a copy.

Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent, please contact the SIPP Support Team on 0370 414 7000 or sippsupportteam@curtisbanks.co.uk.

2 Client's details

Please note: we require the signature of both the client and the adviser in the relevant sections of this form, in order for Adviser Servicing to process your request.

Client's name

Client number

Please tick one of the three options below:

☐ This form is to be used as authority to pay adviser charges.

☐ This form is to be used to appoint a new adviser.

☐ This form is to be used for both authority to pay adviser charges and appointing a new adviser.

3 Adviser's details

Name of authorised individual

Full name of regulated organisation

3 Adviser's details (continued)

If this form is being used to appoint a new financial adviser please complete the rest of this section, otherwise please go onto section 4.

All required non-regulatory correspondence will be sent to this address. Copies can also be sent to the client at their request.

Contact address

Telephone

Fax

Contact numbers

Email address

Name of regulator

Financial Services Register reference
number for organisation

Financial Services Register reference
number for individual

If the regulated organisation is an appointed representative or part of a network, please give details below.

Name of principal or network

Financial Services Register reference
number for principal or network

4 Adviser's declaration

- I confirm that I have the appropriate authorisation to sign this declaration for the organisation detailed in section 3.
- I agree to receive details of my client's SIPP by post, fax, email and/or via the Suffolk Life secure portal.
- I understand that you will hold my title, full name, business email address, contact details and Financial Services Register reference number and all communications to and from me on your systems for your legitimate interest in the effective administration of my client's SIPP.
- I have read and understand the Group Privacy Notice (This can be found at www.nucleusfinancial.com/privacy-notice).
- The organisation detailed in section 3 accepts responsibility to ensure that instructions they or any of their employees or agents give to any appointed investment manager to purchase investments will be in accordance with the latest available Schedule of Allowable Investments. This includes the requirement not to purchase investments that would give rise to a tax charge or liability as taxable property as defined under Part 2 Schedule 29A of the Finance Act 2004. If a non-allowable investment is purchased, the organisation agrees to indemnify Suffolk Life for any loss or liability, including any tax charge or penalty levied by HM Revenue & Customs on Suffolk Life, as a direct result of the plan holding such an investment.

Name

Position in organisation

Signed

Date

Please discuss the figures in section 5 below with your client before that section is completed.

5 Client's declaration

- I accept that Suffolk Life will correspond with my adviser shown in section 3 unless I give written notice to the contrary.
- I authorise Suffolk Life to accept investment and all other instructions in relation to any of the plans within my SIPPs at Suffolk Life from the adviser shown in section 3, unless and until I inform Suffolk Life in writing to the contrary.
- I agree that any invoice received by Suffolk Life from my previous adviser, up to the date that this form is received by Suffolk Life, may be paid unless instructed otherwise by me. I understand that any invoice received by Suffolk Life from my previous adviser, after the date that this form is received by Suffolk Life, will not be paid unless I provide separate authority to Suffolk Life in writing.

Adviser's charges

- I authorise Suffolk Life to pay my adviser (detailed in section 3) the following adviser charges.
- I understand that an adviser charge will be paid from my SIPP bank account on receipt of an invoice or paid by my nominated investment manager to my adviser.
- I confirm that any adviser charges are genuinely commercial arrangements between myself and my adviser and only relate to pensions advice and services provided.

5 Client's declaration (continued)

	Fixed Monetary Amount (Excl.VAT)		Subject to VAT?	
Initial/one-off adviser charge	£ <input type="text"/>		Yes	No
	Fixed Monetary Amount each year (Excl.VAT)			
Ongoing adviser charge	£ <input type="text"/>	of the plan value each year in arrears	Yes	No
	£ <input type="text"/>	of the gross amount of each regular contribution received	Yes	No
	Percentage Amount (Excl.VAT)		Subject to VAT?	
Initial/one-off adviser charge	<input type="text"/> %	of the current fund value	Yes	No
	Percentage Amount each year (Excl.VAT)			
Ongoing adviser charge	<input type="text"/> %	of the plan value each year in arrears	Yes	No
	<input type="text"/> %	of the gross amount of each regular contribution received	Yes	No

If you have more than one Suffolk Life plan, please state the fixed charge to be paid from each plan.

Please make ongoing payments at a frequency of:

Yearly

Half Yearly

Quarterly

Print name

Signature of client

Date

Suffolk Life will pay agreed charges upon production of a correct invoice.

An invoice is enclosed with this form

An invoice will be sent at a later date

Suffolk Life,
153 Princes Street,
Ipswich, IP1 1QJ

T 0370 414 7000
F 0370 414 8000
curtisbanks.co.uk

Call charges will vary. We may record and monitor calls.

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