

Curtis Banks Ltd, 3 Temple Quay Bristol, BS1 6DZ T 0370 414 7000 F 0370 414 8000

curtisbanks.co.uk

Adviser Charging form

Please use this form for adviser charges under an existing SIPP, which are not covered by existing adviser remuneration arrangements.

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 Client Management Team on 0370 414 7000 or cmt@curtisbanks.co.uk.

2 Client's details

Client's name

Plan number

3 Adviser's details

Name of authorised individual

Full name of regulated organisation

4 Adviser charging

Please tell us if the adviser charges below:

 Are in addition to existing adviser remuneration arrangements (e.g. one-off advice not covered by existing arrangements)

or

• Replace all existing remuneration arrangements.

4 Adviser charging (continued)

	Please confirm d will assumed to b		, .	es payable	in respect of a	dvice in relatio	on to the SIPP (any boxes left blank
Initial payment	£	or	%		of initial co	ontribution	transfer value
Ongoing payments	£	or	%	of fund v	alue		
Ongoing payments - frequency*	Quarterly		6 monthly	Annual	ly		
	*Fees to be paid	upon pr	roduction of an invo	oice from t	he adviser		
Future transfer-in payments	£	or	%	of each	transfer in		
Future contribution payments	£	or	%	p.a.	regular	ad hoc	all contributions
Are payments subject to VAT?*	Initial payments						
	Yes	No					
	Ongoing payments						
	Yes	No					
	*If left blank we	will ass	ume no				
Bank details Must be completed							
Bank or building society							
Sort code							
Account in the name(s) of							
Account number					Rol	l number	
Payment reference							

5 Adviser's declaration

• I confirm that the above charges are in accordance with an adviser charging structure which has been disclosed and agreed, and meets regulatory requirements.

Name

Signed

Position in organisation

Date

6 Client's declaration

	 I am satisfied that the amounts of adviser charges above have been fully and correctly completed and I authorise payment of these charges from the SIPP.
	Name
	Signed
	Date
Notes	 Charges may also be payable to your adviser in respect of other advice related to the SIPP, for example advice on the investments made by the SIPP. Any such additional charges should be separately disclosed to you and validated by you.
	 Payments can only be made to the adviser shown in our records as acting for the SIPP.

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