

IVCM HERITAGE SIPP CHANGE OR REMOVAL OF FINANCIAL ADVISER



PLEASE NOTE

This form is to notify Heritage Pensions Limited when you choose to change or remove a Financial Adviser. It is very important that you fully read and understand this form before signing it as the permissions, remuneration and changes effected in here may have a direct impact on your pension plan. Please note that we will only be able to accept the appointment or remuneration of a Financial Adviser where they hold the required permissions in your legal jurisdiction and country of residence, and we may require further information from your Financial Adviser before they are able to act on your behalf.

SECTION 1. MEMBER DETAILS

Title Mr Mrs Miss Ms Other

Name
[firstname,middle,surname]

Plan Reference

SECTION 2. NATURE OF REQUEST

Replacement of your current Financial Adviser	Please complete form in full
Appoint a Firm with Information Only authority	Please complete sections 3,7 & 8
Variation of Adviser Charge or authority of current Financial Adviser	Please complete sections 4,6,7 & 8
Complete removal of your Financial Adviser	Please select appropriate option in section 3 and sign section 7

SECTION 3. NEW FINANCIAL ADVISER DETAILS

Financial Adviser Full Name

Firm Name

Firm Regulator

Regulator 's Reference

Introducer Reference [if known]

Adviser's Contact number

Adviser's Office Address

Adviser's Email address

Firm's Admin Email address

Tick ✓

Appoint the Financial Adviser above with Servicing Rights

Appoint the Financial Adviser above with Information Only Authority

Remove the current Financial Adviser

SECTION 4. AUTHORITY FOR ADVISER TO NOTIFY HERITAGE PENSIONS LIMITED OF INVESTMENT INSTRUCTIONS

Do you authorise your Financial Adviser to notify us of your investment selections on your behalf? Yes No

If you choose NO, we will require your express confirmation of acceptance each time an investment instruction is received.

Member Signature

Date [dd/mm/yy]

SECTION 5. ADVISER CHARGING AGREEMENT

I agree and understand that if, subject to the terms of this application, an adviser charge is stopped, unpaid or is re-credited to my plan, I may remain financially liable to reimburse my Financial Adviser for their services provided to me. I understand that I should check the terms of my agreement or arrangement with my Financial Adviser where applicable. The adviser charge that I am instructing you to pay in accordance with this application relates to such advice or services provided to me by my Financial Adviser solely in connection to my application for membership to this Scheme and no other financial planning or products. I understand that Heritage Pensions Limited will only accept instructions from me to facilitate the payment of adviser charges to my Financial Adviser by using this application form. I understand that you will only pay the charge if there are sufficient funds in my policy's default bank account. I understand that this may mean that payments can be delayed until there's enough money in the account to support the payment of the charge. I understand that I can arrange for my adviser charges to be paid with or without VAT. I agree that Heritage Pensions Limited and any of its representatives cannot provide any advice as to whether or not you should add VAT to your adviser charges.

SECTION 6. ADVISER CHARGING:

Is your Financial Adviser to be paid an adviser charge from your pension scheme's bank account? Yes No

If you choose YES, please complete the charging information details below and your signature is your confirmation that the adviser charges taken from the plan is solely related to advice or services given in relation to this plan.

Annual Adviser Charge (Max 1%) AMOUNT OR MAX 1%

Member Signature

Date [dd/mm/yy]

NOTES ON ONGOING ADVISER CHARGE: Where the charge is in relation to a new contribution it will be deducted from any net single contribution before the value of any tax reclaim is added but will be calculated based on the gross amount of the single contribution. These are the payments agreed with the Financial Adviser for the provision of ongoing advice and services to me from my Financial Adviser. Payment of ongoing adviser charges is on a defined regular basis (i.e. annual). If I select to pay ongoing adviser charges as a percentage, I understand that this percentage is based on the total value of my plan including any existing assets. I understand that a material change in the value of my plan will correspond to a material change in the amount of ongoing adviser charges deducted. I understand that only one arrangement for the payment of ongoing adviser charges can be set up at any one time for any one plan; and consent that any ongoing adviser charges in respect of my plan will be deducted from the total value of my plan or as instructed.

SECTION 7. MEMBER DECLARATION

Where appropriate, I confirm that I have appointed the Financial Adviser named within this document to act as my agent and confirm that Heritage Pensions Limited can act on their instruction in accordance with the adviser charging section accordingly. Where I have requested the removal of my Financial Adviser I will be required to notify Heritage Pensions Limited of their replacement. I understand that Heritage Pensions Limited reserve the right to refuse to perform some actions on my plan where I don't have an appointed adviser. I hereby instruct Heritage Pensions Limited to pay the adviser charges on the basis set within this form. I confirm that where a new Financial Adviser is appointed, I understand that the above instructions will replace any existing instructions in their entirety.

Signature

Date [dd/mm/yy]

SECTION 8. FINANCIAL ADVISER DECLARATION

I hereby confirm that I have been appointed by the client and that the adviser charges detailed above have been agreed with the client prior to the submission of this application. I confirm that we hold the relevant authorities and permissions to be able to confirm investment selections and indemnify Heritage Pensions Limited accordingly. I confirm that I have the relevant permissions to advise the client in the jurisdiction in which they are normally resident and that I understand that where their country of residence changes, this may have an impact on my ability to continue operating as their Financial Adviser and I will notify you as soon as I become aware of such a change.

Signature

Date [dd/mm/yy]

When complete

email or post this form:

ivcm@heritagepensions.co.uk

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The IVCM Heritage SIPP is operated and administered by Heritage Pensions Limited who are authorised and regulated by the Financial Conduct Authority. The asset trustees for the IVCM Heritage SIPP is Heritage Trustees Limited. An agreement is in place between Heritage Pensions Limited and IVCM whereby certain administrative functions in respect of the IVCM Heritage SIPP are outsourced to and undertaken by IVCM.