

# IVCM Heritage SIPP

## Change or Removal of Financial Adviser Form

The IVCM Heritage SIPP is operated and administered by PSG SIPP Limited.

The asset trustee for the IVCM Heritage SIPP is Heritage Trustees Limited.

An agreement is in place between PSG SIPP Limited and IVCM whereby certain administrative functions in respect of the IVCM Heritage SIPP are outsourced to and undertaken by IVCM.

**PSG SIPP Limited**

6 Doolittle Mill  
Froghall Road  
Amphill, Bedfordshire  
MK45 2ND

PSG SIPP Limited is authorised and regulated by the Financial Conduct Authority with registration number 514654.

PSG SIPP Limited is a wholly owned subsidiary of Basi and Basi Financial Planning Limited.

PSG SIPP Limited will only be able to accept the appointment or remuneration of a Financial Adviser if they hold the required permissions in your legal jurisdiction and country of residence. We may require further information from your Financial Adviser before they are able to act on your behalf.

Your Financial Adviser will need to sign up to PSG SIPP Limited's Terms of Business.

Please note the permissions, remuneration and changes resulting from the appointment or removal of a Financial Adviser may have a direct impact on your pension plan.

## 1 Member

SIPP reference number

Name

## 2 Request

Please tick the boxes which are appropriate

- I wish to completely remove my current Financial Adviser
- I wish to appoint a new Financial Adviser detailed in section 3
- I wish to appoint a new Financial Adviser detailed in section 3 as a replacement for my current Financial Adviser
- I wish to notify PSG SIPP Limited of a variation in adviser charges or the authority of my current Financial Adviser

**PLEASE COMPLETE THE RELEVANT SECTIONS OF THE FORM BELOW**

## 3 New Financial Adviser

I wish to appoint the following Financial Adviser

Name of Adviser	<input type="text"/>		
Name of firm	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone numbers	Office <input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		
Firm regulator	<input type="text"/>		
Regulator reference	<input type="text"/>		
Introducer reference	<input type="text"/>		

## 4 Authority Granted to Financial Adviser

Please tick each box which is appropriate to you. If you don't tick the box to provide your Financial Adviser with authority to act on your behalf to notify us of your investment selections, we will require your express confirmation of acceptance each time an investment instruction is received.

Please provide my Financial Adviser with any information that they request about the SIPP

I authorise my Financial Adviser to notify PSG SIPP Limited of my investment instructions

Signature

Name

Dated

# 5 Adviser Charges 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.

I understand that PSG SIPP Limited will only accept instructions from me to facilitate the payment of adviser charges to my Financial Adviser by using this form.

I understand that PSG SIPP Limited will only pay the charge if there are sufficient funds in my SIPP's bank account and that this may mean payments can be delayed until there's enough money in the account to support the payment of the charge.

I confirm my agreement to these adviser charges and hereby authorise and request you pay them from my SIPP bank account until otherwise instructed. I confirm that these charges are solely related to advice or services given in relation to my SIPP.

Signature

Name

Dated

I understand that I can arrange for my adviser charges to be paid with or without VAT. I agree that PSG SIPP Limited and any of its representatives cannot provide any advice as to whether or not VAT should be added to my adviser charges.

Please pay my Financial Adviser's adviser charges from my SIPP's bank account. I have agreed the following basis of remuneration (the amounts below are exclusive of VAT).

Annual adviser charge

£

or

% of fund (max 1%)

## 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 by 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 SIPP and consent that any ongoing adviser charges in respect of my SIPP will be deducted from the total value of my SIPP or as instructed.

## 6 Member Declaration

Where appropriate, I confirm that I have appointed the Financial Adviser named in section 3 of this document to act as my agent and confirm that PSG SIPP Limited can act on the authority granted in accordance with section 4 of this document.

Where I have requested the removal of my Financial Adviser I am required to notify PSG SIPP Limited of their replacement. I understand that

Signature

PSG SIPP Limited reserve the right to refuse to perform some actions on my SIPP if I don't have an appointed adviser.

I hereby instruct PSG SIPP 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.

Name

Dated

## 7 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 form.

I confirm that I hold the relevant authorities and permissions to be able to confirm investment selections and indemnify PSG SIPP Limited

accordingly. I confirm that I have the relevant permissions to advise the client in the jurisdiction in which they are a permanent resident. I understand that where the client's 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

Name

Dated