

## Premier SIPP Adviser Appointment Form

### Part 1 – Appoint IFA/Accountant

To: Options UK Personal Pensions LLP

Premier SIPP

Please complete the name of your appointed adviser(s).

Charges will be paid upon submission of a valid invoice

I have appointed:

as my:  financial adviser  personal accountant and provide me with ongoing advice.

If applicable, I agree to remunerate for these services as indicated below, in respect of the investments held in this arrangement. Figures below should be exclusive of VAT where relevant.

Initial Fee: £  % of fund:  %

Annual Regular Fee: £  % of fund:  %

Frequency:  Annually in advance  Annually in arrears  Quarterly

Fees on ongoing contributions: £  or % of fund/contribution:  %

Adhoc fees: £

Please confirm in this box the adhoc details. Please note before any fees are paid we will need an invoice addressed to the Premier SIPP - member name.

Subject to VAT?\*  Yes  No *\*If left unanswered, we will assume charges are subject to VAT*

I authorise the release of information relating to my Premier SIPP to my adviser as detailed below.

I authorise that my adviser as detailed below receives online access to SIPP-Web and can access information relating to my Premier SIPP this way

Adviser Name:

Adviser Address:

I confirm my agreement to these charges and hereby authorise and request the Trustee to pay them on my behalf, in accordance with the provisions of the Premier SIPP, from the funds held in my Premier SIPP, until otherwise instructed.

These terms amend and replace any existing remuneration arrangements which would otherwise apply to the Premier SIPP and will remain in place until I notify you in writing.

Member's Full Name:

Member's Signature:  Date:  Day  Month  Year

## Part 2 – Adviser Bank Details for Payment and Basis of Advice Declaration

Bank:

Account Name:

Sort Code:  Account No:

Payment Ref:

By ticking this box you agree to receive online access to SIPP-Web and have read and agree to the SIPP-Web Terms and Conditions

Name:

Position:

Signature:

Date:  Day  Month  Year

Full name of regulated firm:   
(or sole trader)

FCA Reference Number:



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FOR MORE INFORMATION PLEASE CONTACT

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