

# Change of Adviser Form

## 01. Introduction

The Change of Adviser form should be completed by the Member and, where applicable, the Adviser. It should be returned in conjunction with any other documentation required by the Investment company.

Please ensure that all sections are completed. Failure to provide all relevant information and supporting documentation may result in a delay in the instruction being processed.

## 02. Member Details

Surname	Forename(s)	Date of Birth
Underlying Investment Platform	Plan Number	

## 03. New Financial Adviser Details

I wish to appoint a new Financial Adviser as per below details.

Company Name	Adviser's Name
Email Address	Telephone Number
Business Address	
Agency code as provided by the underlying investment provided, if applicable	

### Financial Adviser Fees

Please ensure you complete this section even where the Initial Adviser Fee is paid through Establishment Charge

Initial Adviser Fee (%)	Estimated equivalent in pounds and pence £*
Or	Initial Adviser Fee (£)

\* If the Initial Adviser Fee is paid as a percentage of the total transfer value, the Pound and Pence figure shown above may vary from the actual fee paid depending on the final transfer amount iPensions Group receive.

Ongoing Adviser Fee (%)**
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\*\* This relates to the ongoing Financial Adviser fee paid by the investment provider.

## Financial Adviser Declaration

### We confirm that:

- We confirm that there are no significant changes that iPensions Group should be made aware of since the signing of the Terms of Business.
- If Terms of Business are not already in place, we understand that Terms of Business must be finalised for this change to be processed.
- We are suitably qualified to provide advice and meet the licensing and regulatory requirements of the jurisdiction in which the advice is being provided.
- All fees have been disclosed to the Member.

Adviser's Name

Date

Adviser's Signature

## 04. New Investment Adviser Details

Same as Financial Adviser?

☐ Yes

☐ No

If No, please provide details.

Company Name

Adviser's Name

Business Address

Do you wish the Trustee to consider providing discretionary control to your Investment Adviser?

☐ Yes

☐ No

## Investment Adviser Declaration

### We confirm that:

- We confirm that there are no significant changes that iPensions Group should be made aware of since the signing of the Terms of Business.
- If Terms of Business are not already in place, we understand that Terms of Business must be finalised for this change to be processed.
- We are suitably qualified to provide advice and meet the licensing and regulatory requirements of the jurisdiction in which the advice is being provided.
- All investment fees have been disclosed to the Member, including any charges for the underlying investments.
- We confirm that any investment advice given to the Member will be within the Investment Guidelines issued by iPensions Group as varied from time to time and any regulations issued in respect of pension assets.

Adviser's Name

Date

Adviser's Signature

The investment company may require the Adviser to sign their specific form too, therefore kindly ensure this is also returned to iPensions Group for counter signing in order for the change in agency to take effect.

07. Member Declaration

Signature

Print Name

Date