

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 Professional Ac	lviser Details		
I wish to appoint a new Profes	sional Adviser as per k	below details.	
Company Name		Adviser's Name	
Email Address		Telephone Number	
		_]	
Business Address			
	- 1 ···		
04. Professional Advise	Declaration		
We confirm that: • We confirm that there are no	significant changes that	at iPensions Group should be made aware of since the signing	
of the Terms of Business.			
• If Terms of Business are not a change to be processed.	already in place, we unc	derstand that Terms of Business must be finalised for this	
 We are suitably qualified to print in which the advice is being 		et the licensing and regulatory requirements of the jurisdiction	
 All fees have been disclosed 			
Adviser's Name		Adviser's Signature	
Date			

Same as Professional Adviser? 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 O6. Investment Adviser Declaration	No 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 O6. Investment Adviser Declaration	No
Company Name Business Address Do you wish the Trustee to consider providing discretionary control to your Investment Adviser? Yes O6. Investment Adviser Declaration	
Business Address Do you wish the Trustee to consider providing discretionary control to your Investment Adviser? Yes O6. Investment Adviser Declaration	
Do you wish the Trustee to consider providing discretionary control to your Investment Adviser? O6. Investment Adviser Declaration	
control to your Investment Adviser? O6. Investment Adviser Declaration	
06. Investment Adviser Declaration	No
We confirm that:	
 We confirm that there are no significant changes that iPensions Group should be of the Terms of Business. If Terms of Business are not already in place, we understand that Terms of Business change to be processed. We are suitably qualified to provide advice and meet the licensing and regulatory in which the advice is being provided. All investment fees have been disclosed to the Member, including any charges for the We confirm that any investment advice given to the Member will be within the Investions Group as varied from time to time and any regulations issued in respect 	ss must be finalised for this y requirements of the jurisdiction or the underlying investments. vestment Guidelines issued by
Adviser's Name Date Adviser's Signature	
The investment company may require the Adviser to sign their specific form too, there returned to iPensions Group for counter signing in order for the change in agency to	
07. Member Declaration	
Signature Print Name	
Date	