

Adviser Charges Form

(For James Hay Partnership SIPP, IPS SIPP, IPS (2008) SIPP, IPS Family SIPP and IPS Pension Builder only)



Application guide

Please only complete this form if you have appointed a regulated financial adviser who is going to receive adviser charges from your product.

This form enables you to authorise the payment of adviser charges for which your financial adviser will invoice us.

Please do not edit this form. If a request cannot be accommodated using the options available, please use Section 5 for individual charges, to avoid the instruction being rejected.

Please complete this form in BLOCK CAPITALS and return it to:



James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB



If you need any help with completing this form, please speak to your financial adviser, or call your Customer Support Team or our general enquiry number 03455 212 414.

Notes to financial adviser

If we are currently paying adviser charges to your firm, we will already hold your bank details on file. To set up bank details or amend those held, please send us a signed and dated instruction on company headed paper, providing the sort code, account number and account name.

This agreement will replace any existing agreements in place for this client.

INVOICES

Any invoice submitted must be on your company headed paper and addressed to: James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB. It must provide details of the work carried out, confirm a monetary amount, and include a VAT number (if applicable). VAT can only be accommodated on invoiced charges.

Invoiced payments will not appear on any adviser charges statements. Confirmation of the payment will appear as a debit transaction on the relevant product bank account. If your firm is part of a network, please check with your payment department if they require a copy of any invoice submitted, as we do not issue payment confirmation.

SETTLEMENT

The payment terms are 28 days from receipt of the invoice, all related documentation and sufficient money being available for settlement.

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1 Personal de	etails		Applicant to complete		
Product name					
Member					
number					
2 Financial ac	lviser's details		Applicant to complete		
Company name					
Contact name					
(if applicable)					
FCA firm reference number	r				
Address					
		Postcode			
		- Cotteduc			
Telephone					
Email					
		p to our Financial Adviser Terms of Business. This form is	s available from our		
website at www.j	amesnay.co.uk.				
3 Initial charg	ges		Applicant to complete		
PLEASE NOTE: T	he maximum adviser charge we will fac	cilitate from the SIPP is 5% (including VAT).			
CONTRIBUTIONS	;				
Percentage	%	of each contribution received			
OR					
Fixed amount	£	of each contribution received			
The above applie		rill be calculated on the amount before any tax reclaim. If	you wish for the		
	sulated from the total amount after tax r		you wish for the		
TRANSFERS IN					
Percentage	%	of each transfer received			
OR					
Fixed amount	£	of each transfer received			
Please note: Any adviser charges for investments should be stated on the trade instruction.					
PLEASE NOTE: T	ne maxımum adviser charge to be facil	itated from the SIPP is 5% (including VAT).			
Percentage	%	of the value of investments in the SIPP each year, as set	out in the annual		
	70	valuation statement			
OR Fixed amount	£				
i ixeu ailiouill	L	per annum			

4 Ongoing c	harges - to be paid from your SIPP		Applicant to complete
PLEASE NOTE:	The maximum adviser charge to be facil	itated from the SIPP is 5% (including VAT).	
Percentage	%	of the value of investments in the SIPP each year, as set valuation statement	out in the annual
OR			
Fixed amount	£	per annum	
5 One-off ch	narge		Applicant to complete
If you wish for a to be included w		cial adviser, please confirm the amount below. An invoice f	rom them will need
One-off amount	(to be invoiced) £		
6 Declaration	n		Applicant to complete
I authorise Jame	es Hay Partnership to pay charges to my	financial adviser as detailed in this form.	
I confirm that m	y financial adviser has provided me with	a key features illustration in respect of these adviser charge	ges.
I agree that it is financial adviser		g if I wish for these payments to stop, or if I change or ren	nove my
I confirm that th	is agreement replaces any existing agree	ements that have been set up previously.	
Applicant's name	е	Applicant's signature	
Date		Y Y	

We are able to provide literature in alternative formats. For a Braille, large print, audio or E-text version of this document call us on 03455 212 414 (or via the Typetalk service on 18001 03455 212 414).

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