

Adviser Remuneration Agreement

Financial Adviser Details

Pointon York Membership No (where known):

Would you like all correspondence to be routed through your Adviser?

Yes

No

Please provide the following details of the adviser who gave you professional advice:

Firm Name

FSA Reference Number

Address

Postcode

Email

Telephone Number

Fax Number

Is the above Financial Adviser connected to you in any way? (e.g. relative, business partner, etc)

Yes

No

Is the adviser to receive remuneration by deduction from your SIPP?

Yes

No

(this will only be paid if sufficient funds are available in the member's scheme account to maintain the minimum required balance)

If 'Yes' please state:

Initial* £

and/or

% of fund

Ongoing* £

and/or

% of fund

*Excluding VAT:

(Ongoing fees are paid annually in arrears following the annual scheme renewal date. Where a percentage is specified, this will be based on your SIPP's annual valuation)

We will treat any transfers or contributions into the SIPP as being covered by the initial fee agreement above unless instructed otherwise. Should you only require fees to be paid in respect of specific investments or have any other specific requests, please provide details in the box below.

Member Declaration

I understand these fees may be subject to the addition of VAT, and that these fees will be deducted from my SIPP fund.

Member's Name

Member's Signature

Date

Adviser to Complete

Remuneration is paid by BACS (please inset your adviser details)

Bank Name

Branch

Address

Address

Account Name

Account Number

Sort Code

I hereby declare that I understand and will adhere to the following:

1. No payments will be made until the client's SIPP is in force and the first contribution is paid
2. It will be necessary to invoice Crescent Trustee Limited before the payment can be made
3. I must not rebate any of these fees direct to the member

Financial Adviser's Name

Adviser's Signature

Date