



# Countrywide Assured plc (“Countrywide Assured”)

## Onshore Bond and Versatile Investment Portfolio (VIP)

### Adviser fee instruction form

Where we refer to Countrywide Assured in this document, this includes CASFS Ltd (“CASFS”) where appropriate.

Please complete the relevant section of this form if you are looking to start, stop or vary the Adviser Fees payable to your Financial Adviser under a Countrywide Assured Onshore Bond or VIP contract. Please complete a separate form for each product.

If you wish to change the Adviser Fees payable for a different type of product under which the payment of such fees are being facilitated, please request the form for that product. We will only facilitate payment of Adviser Fees for the Account number(s) detailed on this form.

**This form must be signed by the account holder in all circumstances.**

You should note that any On-going or Ad-hoc Adviser Fees paid from your Countrywide Assured Onshore or VIP will be classed as capital withdrawals for taxation purposes and will count towards the 5% tax deferred allowance.

In cases where the Countrywide Assured Onshore Bond or VIP is held in trust, all Trustees should sign this instruction. The Trustees should refer to the relevant Trust Deed to ensure they have the power to authorise the payment of Adviser Fees.

Account Holder(s)

Sub-Account Number(s)

#### Section A. Facilitate payment of adviser fees to a financial adviser

Please pay Adviser Fees in accordance with my/our instruction below: (Please Tick)

Ongoing Adviser Fees:  Please complete Section (i) below

Ad-hoc Adviser Fees:  Please complete Section (ii) below

**Note:** You must tick the relevant box(es) above, for each type of Adviser Fee that is to be paid to your Financial Adviser.

#### (i) Ongoing adviser fee

Payment of Ongoing Adviser Fees can be facilitated as a specified amount. or as a percentage of the original premium. Please provide details below:

Specified amount                      Amount:  £  per annum

Payment frequency                      Monthly                       Quarterly

Percentage of original premium                       % per annum

Payment frequency:                      Monthly                       Quarterly

**(ii) Ad-hoc adviser fee**

Payment of Ad-hoc Adviser Fees will be facilitated as a specified amount deducted from the fund value. Please provide details:

Amount

**Investor's Declaration and Authority to pay Adviser Fees**

- I / We authorise Countrywide Assured to pay the Adviser Fees detailed above by deducting these fees from my / our contract and paying the relevant amount to the Financial Adviser whose details are provided in this document.

**I/ We confirm that:**

- I / We have discussed with my / our Financial Adviser and understood the Adviser Fees that will be paid and the effect these will have on my / our contract;
- I / We have received an illustration relating to this request to start the payment of Adviser Fees.

**I / We understand that:**

- if any further Adviser Fees are to be paid I / we will be required to authorise these before they are paid from my / our product with Countrywide Assured;
- I / We may instruct Countrywide Assured in writing to cease payment of Adviser Fees at any time. The instruction to cease payment will take effect from the working day after the instruction is received, so long as this is received more than 5 working days before the payment due date.
- I / We acknowledge that it will be my / our responsibility to recover any payments made to my / our Financial Adviser before any instruction from me / us to cease payment takes effect.
- I / We understand that if I / we wish to vary the amount of Adviser Fees to be paid from my / our contract, I / we must give Countrywide Assured prior written notice of not less than 5 working days before any payment due date and any subsequent variations will only be allowed at the frequency permitted by Countrywide Assured from time to time.
- I / We understand that it is my / our responsibility to pay Adviser Fees I / we have agreed with my / our Financial Adviser and this responsibility remains with me / us if I / we cancel or vary the instruction to facilitate payment of Adviser Fees from my / our contract.
- I / We understand that if I / we change my / our Financial Adviser, I / we must advise Countrywide Assured in writing and that any Adviser Fees being paid to the Financial Adviser whose details are provided in this document will cease.

Signed  
Applicant 1/Trustee 1

Date

Signed  
Applicant 2/Trustee 2

Date

Signed  
Trustee 3

Date

Signed  
Trustee 4

Date

**Financial Adviser's Declaration**

- I confirm that I have discussed and agreed the Adviser Fees detailed in this document with the applicant(s) / trustee(s).
- I confirm that the Adviser Fees agreed are in respect of advice and related ongoing services.
- I confirm that I have provided the applicant with an illustration in relation to this request.
- I understand that where the payment of Ongoing Adviser Fees are being requested, that this will mean any fund based renewal commission being paid in respect of advice given prior to 31 December 2012 will cease.
- I have read and understood the Guide to Adviser Charging for Financial Advisers.
- I acknowledge and accept Countrywide Assured's current Terms of Business for Intermediaries.
- I am appropriately authorised to conduct this type of business.

Signed	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
Firm reference number	<input type="text"/>		
Position	<input type="text"/>		
Name of regulated firm	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Contact number	<input type="text"/>	Postcode	<input type="text"/>
	<input type="text"/>		
Email	<input type="text"/>		
Agency number	<input type="text"/>		

**Section B. Cease payment of ongoing adviser fees to a financial Adviser**

Payment of Ongoing Adviser Fees to the Financial Adviser named below is to cease with immediate effect:

Name of financial adviser

**Investor's Declaration and Authority to stop payment of Ongoing Adviser Fees**

- I / We authorise Countrywide Assured to cease payment of the Ongoing Adviser Fees from my / our contract to the Financial Adviser as detailed above.

**I / We understand that:**

- it is my / our responsibility to pay any Adviser Fees I / we have agreed with my / our Financial Adviser and this responsibility remains with me / us even though I / we are cancelling payment of the Adviser Fees from my / our contract;
- if any further Adviser Fees are to be paid to a Financial Adviser, I / we will be required to authorise these before they are paid from any product with Countrywide Assured;
- this instruction will take effect from the working day after the instruction is received, so long as this is received more than 5 working days before the payment due date.
- I / we acknowledge that it will be my / our responsibility to recover any payments made to my / our Financial Adviser before any instruction from me / us to cease payment takes effect.
- I / we understand that if payment of Adviser Fees is to be facilitated from my / our contract in the future, that I / we will need to give notice to Countrywide Assured in writing.
- I / we understand that if I /we are paying Adviser Fees and change my / our Financial Adviser, I / we must advise Countrywide Assured in writing and that any Adviser Fees being paid will cease.

Signed  
Applicant 1/Trustee 1

Date

Signed  
Applicant 2/Trustee 2

Date

Signed  
Trustee 3

Date

Signed  
Trustee 4

Date

**Section C. Vary the amount of ongoing adviser fees currently being paid to a financial adviser**

Payment of the Ongoing Adviser Fees currently being paid are to be varied in accordance with my instruction below:

**Ongoing adviser fee**

Please provide revised details below:

Specified amount                      Amount: £  per annum

Payment frequency                      Monthly                       Quarterly

Percentage of original premium                       % per annum

Payment frequency:                      Monthly                       Quarterly

**Investor’s Declaration and Authority to pay Adviser Fees**

- I / we authorise Countrywide Assured to vary the Adviser Fees being paid to my / our Financial Adviser from my / our contract to accord with my / our instructions as detailed above.

**I / We confirm that:**

- I / We have discussed with my / our Financial Adviser and understood the Adviser Fees that will be paid and the effect these will have on my / our contract;
- Where Adviser Fees are being increased, I / we have received an illustration relating to this request to vary the payment of the Adviser Fees.

**I / We understand that:**

- if any further Adviser Fees are to be paid I / we will be required to authorise these before they are paid from my / our product with Countrywide Assured;
- I / we may instruct Countrywide Assured in writing to cease payment of Adviser Fees at any time. The instruction to cease payment will take effect from the working day after the instruction is received, so long as this is received more than 5 working days before the payment due date;
- I / We acknowledge that it will be my / our responsibility to recover any payments made to my / our Financial Adviser before any instruction from me / us to cease payment takes effect.
- I / We understand that if I / we wish to vary the amount of Adviser Fees to be paid from my / our contract, I / we must give Countrywide Assured prior written notice of not less than 5 working days before any payment due date and any subsequent variations will only be allowed at the frequency permitted by Countrywide Assured from time to time.
- I / We understand that it is my / our responsibility to pay Adviser Fees I / we have agreed with my / our Financial Adviser and this responsibility remains with me /us if I / we cancel or vary the instruction to facilitate payment of Adviser Fees from my / our contract.
- I / We understand that if I / we change my / our Financial Adviser, I / we must advise Countrywide Assured in writing and that any Adviser Fees being paid to the Financial Adviser whose details are provided in this document will cease.

Signed                                            Date

Applicant 1/Trustee 1

Signed                                            Date

Applicant 2/Trustee 2

Signed  
Trustee 3

Date

Signed  
Trustee 4

Date

**Financial Adviser's Declaration (only required if Adviser Fees are being increased)**

- I confirm that I have discussed and agreed the Adviser Fees detailed in this document with the applicant.
- I confirm that the Adviser Fees agreed are in respect of advice and related ongoing services.
- I confirm that I have provided the applicant with an illustration in relation to this request.
- I understand that where the payment of Ongoing Adviser Fees are being requested, that this will mean any fund based renewal commission being paid in respect of advice given prior to 31 December 2012 will cease.
- I have read and understood the Guide to Adviser Charging for Financial Advisers.
- I acknowledge and accept Countrywide Assured's current Terms of Business for Intermediaries.
- I am appropriately authorised to conduct this type of business.

Signed

Date

Name

Firm reference number

Position

Name of regulated firm

Address

Postcode

Contact number

Email

Agency number