



OneSIPP and Transfer Pension Portfolio

Adviser fee instruction form

Where we refer to Countrywide Assured plc ("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 OneSIPP or Transfer Pension Portfolio 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 sub-account number(s) detailed on this form.

Where this form is being used to stop or reduce payment of Adviser Fees, it should be completed by the account holder or the Financial Adviser.

Where this form is being used to start or increase the payment of Adviser Fees, it should be completed both by the account holder and the Financial Adviser.

Note: All Adviser Fees must arise in relation to advice on pension products only, otherwise HMRC may deem the Adviser Fees to be unauthorised payments.

Account Holder

Sub-Account Number(s)

Section A. Facilitate payment of Adviser Fees to a Financial Adviser

Please pay Adviser Fees in accordance with my 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 will be facilitated as a percentage of the fund value as determined in the Terms and Conditions.

Payment of ongoing Adviser Fees will be facilitated as a percentage of the fund value.

Please indicate the fee percentage agreed below:

 % 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 authorise Countrywide Assured to pay the Adviser Fees detailed above by deducting the fees from my pension contract and paying the relevant amount to the Financial Adviser whose details are provided in this document.

I confirm that:

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

I understand that:

- the ongoing Adviser Fee will be calculated as an annual percentage of the fund value at each calendar month end or calendar quarter end, divided according to the payment frequency I have selected;
- if any further Adviser Fees are to be paid I will be required to authorise these before they are paid from any product I have with Countrywide Assured;
- I 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 acknowledge that it will be my responsibility to recover any payments made to my Financial Adviser before any instruction from me to cease payment takes effect.
- I understand that if I wish to vary the amount of Adviser Fees to be paid from my pension contract, I 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 understand that it is my responsibility to pay Adviser Fees I have agreed with my Financial Adviser and this responsibility remains with me if I cancel or vary the instruction to facilitate payment of Adviser Fees from my pension contract.
- I understand that if I change my Financial Adviser, I 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

(Account Holder)

Financial Adviser's Declaration

- 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 relating to the product 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 or service given prior to 31 December 2012 will cease.
- I have read and understood your 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: (Financial Adviser)	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
Firm reference number	<input type="text"/>		
Position	<input type="text"/>		
Full name of regulated firm	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Contact number	<input type="text"/>		
Email	<input type="text"/>		
Agency number	<input type="text"/>		

Important: Section 1 must be signed by both the Account Holder and the Financial Adviser.

Section B. Cease payment of Ongoing Adviser Fees to a Financial Adviser

Payment of Ongoing Adviser Fees currently being paid to the Financial Adviser named below are to cease with immediate effect:

Name of Financial Adviser:

Declaration and Authority to stop payment of Ongoing Adviser Fees

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

I understand that:

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

Signed:

Date

(Account Holder or Financial Adviser – please specify)

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

Payment of Ongoing Adviser Fees will be facilitated as a percentage of the fund value.

Please indicate the revised fee percentage agreed:

% per annum

Payment frequency: Monthly Quarterly

Declaration and Authority to pay Adviser Fees

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

I confirm that:

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

I understand that:

- any Ongoing Adviser Fee will be calculated as an annual percentage of the fund value at each calendar month end or calendar quarter end, divided according to the payment frequency selected;
- if any further Adviser Fees are to be paid I will be required to authorise these before they are paid from any product I have with Countrywide Assured;
- I 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 acknowledge that it will be my responsibility to recover any payments made to my Financial Adviser before any instruction from me to cease payment takes effect.
- I understand that if I wish to vary the amount of Adviser Fees to be paid from my pension contract, I must give Countrywide Assured prior written notice not less than 5 working days before any payment due date and any subsequent variations will only be allowed at the frequency permitted from time to time.
- I understand that it is my responsibility to pay Adviser Fees I have agreed with my Financial Adviser and this responsibility remains with me if I cancel or vary the instruction to facilitate payment of Adviser Fees from my pension contract.
- I understand that if I change my Financial Adviser, I 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

(Account Holder)

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 relating to the product and related ongoing services.
- I confirm that I have provided the applicant with an illustration in relation to this request.
- 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: (Financial Adviser)	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
Firm reference number	<input type="text"/>		
Position	<input type="text"/>		
Full name of regulated firm	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Contact number	<input type="text"/>		
Email	<input type="text"/>		
Agency number	<input type="text"/>		

Important: Section 3 can be signed by the Account Holder only, unless Adviser Fees are being increased in which event the Financial Adviser must also sign.