

ADVISER ELECTION FORM

- Use this form to re-assign the servicing rights for all plans belonging to the investor recorded in section 1.1, to the financial adviser in section 1.2 ("the adviser")
- This form acts as the investor's authorisation for Suffolk Life to:
 - Release information in respect of all of their plans to their nominated adviser
 - Accept investment instructions from the adviser in respect of all of their plans
 - Pay the fees specified in section 2.1, from their SIPP fund, to their adviser
- This form should be completed by a regulated UK or EU based adviser or intermediary and signed by the investor
- Please complete sections 1 and 2 of this form and return it to: [Suffolk Life, 153 Princes Street, Ipswich, IP1 1QJ](#)

1.1 Investor's details

Investor's name	<input type="text"/>
Investor number	<input type="text"/>

1.2 Adviser's details

Name of authorised individual	<input type="text"/>		
Full name of regulated organisation	<input type="text"/>		
Contact address	<input type="text"/>		
Telephone	<input type="text"/>		Fax <input type="text"/>
Email address	<input type="text"/>		
Name of regulator	<input type="text"/>		
Regulator's reference number for organisation	<input type="text"/>	Regulator's reference number for individual	<input type="text"/>
Name of principal or network	If the regulated organisation is an appointed representative or part of a network, please give details below: <input type="text"/>		
Regulator's reference number for principle or network	<input type="text"/>		

1.3 Correspondence contact details

All written correspondence will be sent to the address above, except where we are obliged by regulations to write to the investor directly. If all adviser related correspondence in respect of this investor is to be sent to a different contact name or address, please specify this here:

Correspondence contact name	<input type="text"/>
Correspondence contact address	<input type="text"/>

1.3 Adviser's declaration

- I/We agree to receive details of my client's SIPP by post, fax, email and via the Suffolk Life secure portal
- Where the investor has elected to use Cofunds, I/we confirm that I/we have made available to the investor the Cofunds Customer Agreement for SIPPs provided by Suffolk Life and the investor has agreed to these terms
- Where the investor has elected to use Cofunds, I can confirm that my Cofunds Intermediary Authorisation Code is:

Adviser's signature

Date

2.1 Adviser's remuneration

- I authorise Suffolk Life to pay the fees set out below, as agreed between myself and my adviser*:

Fixed Fees (Excl. VAT)	Percentage Fees (Excl. VAT)		Subject to VAT?†
Initial fee			
£ <input type="text"/>	and <input type="text"/> %	of the current fund value	<input type="checkbox"/> Y <input type="checkbox"/> N
New funding related fees			
	<input type="text"/> %	of the gross value of each monthly contribution into the SIPP	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="text"/> %	of the gross value of each annual contribution into the SIPP	<input type="checkbox"/> Y <input type="checkbox"/> N
Ongoing fees			
£ <input type="text"/>	and <input type="text"/> %	of the fund value at each plan anniversary date, as a renewal fee	<input type="checkbox"/> Y <input type="checkbox"/> N

I wish for Suffolk Life to pay ongoing adviser fees with the following frequency:

- Annually, as a single payment (default)
- Half yearly, in two payments that total the amount shown above
- Quarterly, in four payments that total the amount shown above

*An invoice must be supplied by the adviser for each fee that is to be paid

† We will assume that all fees are subject to VAT unless otherwise stated

2.2 Investor's declaration

- With immediate effect I will be taking ongoing advice in respect of all my SIPPs at Suffolk Life from the adviser shown in section 1.2
- I authorise Suffolk Life to accept investment and all other instructions in relation to any of the plans within my SIPPs at Suffolk Life from the adviser shown in section 1.2, unless and until I inform Suffolk Life in writing to the contrary
- I agree that any invoice received by Suffolk Life from my previous adviser, up to the date that this form is received by Suffolk Life, may be paid unless instructed otherwise by me. I understand that any invoice received by Suffolk Life from my previous adviser, after the date that this form is received by Suffolk Life, will not be paid unless I provide separate authority to Suffolk Life in writing

Investor's signature

Date