

Form ML(A)

Financial Adviser Remuneration Agreement

PYSS Designation No. (where known)

If you do not have a Financial Adviser, we will correspond direct with you.

Do you have a Financial Adviser? (If No, please complete form ML(B))

Yes No

If Yes, should all correspondence be routed through your Adviser?

Yes No

If you have a Financial Adviser, please arrange for the following details to be provided, and then for the Confirmation of Verification of Identity certificate overleaf to be completed.

Company Name

FSA Authorisation number

Address

Postcode

Telephone

Fax

Contact Name

E-mail address

Is the above Financial Adviser connected to you in any way? (eg. Relative, business partner, etc)

Yes No

Fee Agreement

Please pay the following fees to the above Financial Adviser:

Initial: Flat rate £ *and/or Percentage of fund %

We will treat any transfers or contributions received within 6 months of establishment as being covered by the 'initial' fee agreement above. Any later transfers / contributions will be covered by the 'ongoing' fee agreement below, where applicable. Should you only require for this 'initial' fee to be charged only on specific investments or have any other specific requests, please provide details in the box below.

Ongoing: Flat rate £ *and/or Percentage of fund %

Please note that this is an annual fee which we will pay in arrears following the annual scheme renewal date. Where a % is specified, this will be based on your SIPP's annual valuation figure.

All future

Contributions/ Transfers In: Flat rate £ *and/or Percentage of fund %

(*Please delete as applicable)

Where **Protected Rights** (or other contracting-out rights) are to be transferred into the SIPP, should the above fee agreement cover those Protected Rights (eg. if a % is agreed, should this apply to all funds including Protected Rights?)

Yes No

If No, please specify in the box below the fees payable in relation to the Protected Rights.

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.

Signed

Date

Day Month Year

Name of Member

Financial Adviser Bank Details

In order for us to provide your fees by BACS we require the following details:

Bank Name	<input type="text"/>				
Branch Name	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
					Postcode
Account Number:	<input type="text"/>	Sort code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Name:	<input type="text"/>				

Adviser Declaration:

I hereby request the above adviser remuneration payment(s). I understand that

- no payments will be made until the client's SIPP is in force and the first contribution paid
- it will be necessary to invoice Crescent Trustees Limited before the payment can be made
- I should not rebate any of these fees direct to the member

Signed

Date
Day Month Year

Adviser Name

Money Laundering Regulations

Notes:

As part of Pointon York SIPP Solutions Limited's new business and bank account opening procedures, the requirements of the UK Money Laundering Regulations 2003 and Guidance Notes, as amended, need to be met. This can normally be achieved in one of two ways:

- A. The completion of the Confirmation of Verification of Identity certificate by your adviser (opposite).
- B. Separate verification of your identity by Pointon York SIPP Solutions Limited - see form ML(B).

The following points must be emphasised:

1. There is no need to undergo new identity verification unless your adviser cannot confirm your identity.
2. These forms must be completed regardless of whether ongoing contributions are going to be made.
3. No contributions or transfer values will be accepted into the Scheme until such time as one or other form is completed, and the relevant accompanying documents supplied.

The following notes refer to the Confirmation of Verification of Identity certificate:

- The full name, address and date of birth of the applicant for The Pointon York SIPP must be included.
- The final part of the certificate should be completed in full by the Professional Adviser.

Confirmation of Verification of Identity Certificate

Private Individual - Introduction by an FSA Regulated Firm

1. Details of Individual (see explanatory notes overleaf)

Full Name of Customer	<input type="text"/>																				
Current Address	<input type="text"/>																				
	<input type="text"/>																				
	Postcode																				
Previous Address (if individual has changed address in the last three months)	<input type="text"/>																				
	<input type="text"/>																				
	Postcode																				
Date of Birth	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="2">Year</td> <td colspan="6"></td> </tr> </table>											Day	Month	Year							
Day	Month	Year																			

2. Confirmation

I/We confirm that

- a) the information in section 1 above was obtained by me/us in relation to the customer;
- b) the evidence I/we have obtained to verify the identity of the customer (tick one only):
- meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or
- exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

Signed	<input type="text"/>																				
Name	<input type="text"/>																				
Position	<input type="text"/>																				
Date	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="2">Year</td> <td colspan="6"></td> </tr> </table>											Day	Month	Year							
Day	Month	Year																			

3. Details of Introducing Firm (or Sole Trader)

Full name of Regulated Firm (or Sole Trader)	<input type="text"/>
FSA Reference Number	<input type="text"/>

Confirmation of Verification of Identity Certificate

Explanatory Notes:

1. A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.
3. This confirmation must carry an original signature, or an electronic equivalent.