



AUTHORITY TO PROCEED

This document confirms the terms and conditions that apply to our work with you.

SECTION A

**For your own benefit and protection, you should read these terms carefully before signing.
If you do not understand any point, please ask for further information.**

DOCUMENT PROVIDED	DATE GIVEN	VERSION REFERENCE
Guide To Our Services		
Terms Of Business		
Guide To Our Mortgage and Protection Services		
Guide To Our Protection Services		
About Our Ongoing Services		
Having discussed and explored your situation and requirements with you: <ul style="list-style-type: none"> <input type="checkbox"/> we have identified the key areas you would like me to base my advice on <input type="checkbox"/> we have also reviewed the fees set out on the Terms of business and various ways these could be paid <input type="checkbox"/> you wish me to continue to work on a solution and understand that the minimum fees discussed may apply. 		
A description of advice / service provided Pensions, investments and insurance		

YOUR CONFIRMATION

I have received, and reviewed the above literature provided. I give authority to proceed under the terms and conditions described.	
Client name:	Client name:
Client signature:	Client signature:
Date:	Date:

SECTION B**INITIAL/ADVICE FEE CONFIRMATION**

Method of payment for advice / implementation	Provider Facilitated / Direct / Both (please circle)
Amount of payment for advice / implementation of single premium	<input type="checkbox"/> £_____, calculated as ___% of the amount invested. <input type="checkbox"/> a flat fee of £_____. <input type="checkbox"/> an hourly rate of £_____ per hour for an estimated ___ hours.

Amount of payment for advice / implementation of advice / regular premium	<input type="checkbox"/> £_____, calculated as ___% of each premium invested for the first 12 months. <input type="checkbox"/> a flat fee of £_____. <input type="checkbox"/> an hourly rate of £_____ per hour for an estimated ___ hours.
VAT	<input type="checkbox"/> this fee is not subject to VAT <input type="checkbox"/> £_____ or ___% of this fee is subject to VAT. This equates to £_____.

There may be occasions in the future where the work required is greater than anticipated and, as a result, we may need to increase our fee. Should this situation arise we will contact you to discuss the reasons why and agree a way forward. We guarantee that you will not incur higher fees than those stated above without your prior agreement. If you agree to a higher fee, we will ask you to sign another version of this document which will supersede this agreement.

ONGOING SERVICE FEE CONFIRMATION

Please tick to confirm the level of service you require from these options:

Platinum	
Gold	
Silver	
Where applicable, which month(s) would you prefer your Adviser review(s)	

Method of payment for on-going service	Provider Facilitated / Direct / Both (please circle)
Amount of payment for on-going service	<input checked="" type="checkbox"/> a percentage annually of the value of your product / portfolio invested via ourselves of ___%. This equates to approximately £_____ and will increase or decrease in line with the plan values. <input type="checkbox"/> a flat fee of £_____.
Minimum levels of payment required for the agreed level of on-going service	<input type="checkbox"/> no minimum figure applies. <input type="checkbox"/> a minimum figure applies of £_____.
VAT	<input type="checkbox"/> this fee is not subject to VAT.

	<input type="checkbox"/> ___% of this fee is subject to VAT. This equates to approximately £_____ and will increase or decrease in line with the plan values.	
Protection - Amount of payment for advice / implementation	<input checked="" type="checkbox"/> No fee as paid via commission from the insurance provider	
	<input type="checkbox"/> A fee.	
I have read the literature provided and the terms and conditions that apply to both the advice / implementation service and the ongoing service I wish to subscribe to. I understand that I can cancel the ongoing fee and the related service at any time.		
Client name:	Client name:	
Client signature:	Client signature:	
Date:	Date:	
