

# Financial Adviser Remuneration payment authorisation

Please do not complete this section if the Financial Adviser is to be remunerated directly by the investment manager.

## Financial Adviser details

By signing this section you are giving authorisation for Dentons Pension Management Ltd (Dentons), the Administrator of the Plan, to agree to pay the Authorised firm named below and the payment will be made directly from the default bank account in the accordance with the provisions of your Dentons SIPP until otherwise instructed by you in writing. This payment does not include any fee that may be due to Dentons.

Please also sign the Variable standing order mandate.

|                              |                      |
|------------------------------|----------------------|
| Reference number             | <input type="text"/> |
| Member name                  | <input type="text"/> |
| Adviser name                 | <input type="text"/> |
| Name of Company              | <input type="text"/> |
| Company FCA reference number | <input type="text"/> |

## Initial payment

Do not complete if the Financial Adviser remuneration is being taken directly by the investment manager/platform.

|                      |                                                 |        |                                               |
|----------------------|-------------------------------------------------|--------|-----------------------------------------------|
| Specified payment of | <input type="text" value="£"/>                  | or     | <input type="text"/>                          |
| payment of           | <input type="text"/> % of the initial Plan fund | being* | <input type="text" value="£ FOR OFFICE USE"/> |

## Annual renewal payment

Do not complete if the Financial Adviser remuneration is being taken directly by the investment manager/platform.

|                             |                                                               |        |                                               |
|-----------------------------|---------------------------------------------------------------|--------|-----------------------------------------------|
| Specified annual payment of | <input type="text" value="£"/>                                | or     | <input type="text"/>                          |
| annual payment of           | <input type="text"/> % of the Plan fund value at payment date | being* | <input type="text" value="£ FOR OFFICE USE"/> |

## To be completed by the Financial Adviser named above

I understand that I will only be remunerated from the SIPP for advice that I have given to this client on:

|                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| SIPP establishment     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| SIPP related transfers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| SIPP investments       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| SIPP contributions     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Financial Adviser Signature

## Financial Adviser name

### Please note:

By signing the mandate you will give authority for the adviser remuneration payment(s) to be made directly from the default bank account as they are due. If you sign this form but do not sign the variable standing order mandate we will need to raise a cheque for every payment due which must be counter signed by Dentons and you, as the co-trustee.

### \*Please note:

If you are paying a percentage of the fund to the stated Financial Adviser you can leave the amount clear as this will be calculated based on the actual amount invested.

### Please note:

Without this information we will be unable to process any adviser remuneration payment request.

I understand that Dentons will only pay remuneration if the Financial Adviser is authorised and regulated by the Financial Conduct Authority. In the event that I change my financial adviser or wish to cease payments to the Financial adviser I acknowledge it is my responsibility to provide Dentons in writing with revised instructions.

**Member signature**

Member name

**Date** (DD/MM/YYYY)



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Surrey GU7 1XE

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Dentons Pension Management Limited, Denton & Co. Trustees Limited, NTS Trustees Limited, TP Trustees Limited, Sippchoice Trustees Limited, Fairmount Trustee Services Limited and M.A.B. Trustee Company Limited are registered in England & Wales under numbers 02352951, 01939029, 01407848, 02604059, 06869793, 01909678 and 01604556 respectively. Registered office at Sutton House, Weyside Park, Catteshall Lane, Godalming, Surrey, GU7 1XE.

Dentons Pension Management Limited is authorised and regulated by the Financial Conduct Authority, register number 461094.

VAT number for Dentons Pension Management Limited is 863 1639 14.

# Mandate for Financial Adviser remuneration

Please complete this mandate in respect of both Initial and/or Annual renewal payments directly from the default bank account.

## Cater Allen Private Bank

**Please pay  
(Regulated financial  
adviser's firms bank  
details)**

Bank

Branch Title (not address)  Sort Code Number

**for the credit of**

Account Name

Account Number

**the sum of**

Amount in figures  \*£ Amount in words

\* Please leave blank.

**commencing**

Date and amount of first payment  \*\*  \*\*£

\*\*As specified for collection as outlined in the Financial Adviser Remuneration payment authorisation.

**frequency of  
payment thereafter**

Quarterly  Annually

**quoting the ref**

until you receive further notice from me/us in writing and debit my/our account accordingly

**for the debit of**

SIPP Name

Cater Allen SIPP Account Number

This instruction cancels any previous order in favour of the beneficiary named above under this reference.  
The above amounts are variable and will be confirmed and amended on sole instructions from Denton & Co Trustees Ltd.  
Such sums are Annually Reviewed payments. Subsequent payments will be in accordance with debit instructions received by Cater Allen Private Bank from Denton & Co Trustees Ltd or Dentons Pension Management Ltd as Administrator of the scheme.

### Please note:

The bank will not undertake to:

1. make any reference to Value Added Tax or other indeterminate element
2. advise payer's address to beneficiary
3. advise beneficiary of inability to pay
4. request beneficiary's banker to advise beneficiary of receipt.

### Please note:

We are unable to support payments on a more frequent basis than quarterly.

**Member signature**

**Date** (DD/MM/YYYY)

**Denton & Co Trustees Ltd signature(s)**

**Date** (DD/MM/YYYY)