Please read this document carefully so you fully understand the implications of any financial decisions, and keep it safe for future reference. It may also help to refer to our online **glossary** for explanations of technical or unfamiliar terms.

EMBARK PENSIONS
ADVISER CHARGE FORM

We want all of our customers to be able to access our services equally. For those who may need additional help, we have put in place some support to make it easier. If required, we can arrange to send you this document in special formats, such as large print or braille. Please ring us on **0344 544 0566** if this is needed.

Full details of how we can tailor communications and documents to suit your needs can be found on our website at **www.embarkpensions.co.uk/accessibility-policy**

Please use this form to add a new charge or amend an existing charge payable from your Embark Pension scheme to your registered Financial Adviser.

This form confirms the charges you've agreed to pay to your financial adviser and is your instruction to Embark Pensions to facilitate the payment of these charges from your pension and pass them on to your financial adviser.

Information you will need

You need to complete an Adviser Charge Form if you want to instruct us to pay new or additional ad-hoc adviser charges or to amend an existing adviser charge.

Please complete this form in BLOCK CAPITALS and BLACK INK and email it to **customerservices@embarkpensions.co.uk**.

We strongly recommend that you encrypt your email to protect the contents and your personal information. If you are using a password to protect your request, please remember to contact us separately with the password used. Alternatively, please post to: **Embark Pensions, Provincial House, 37 New Walk, Leicester, LE1 6TU**.

If at any time you need assistance in completing this form, please call our Customer Services team on **0344 544 0566**.

1 MEMBER DETAILS

Pension Scheme Reference: Title:

Forename(s):

Surname:

Address:

Postcode:

Date of birth: D D M M Y Y Y Y National Insurance Number:

Email Address: Telephone Number:

2 ADVISER DETAILS

Adviser Name:

Firm name:

FCA number: Email:

Please provide the bank account details where these fees should be paid:

Bank Name:

Account Holder Name:

Account Number: Sort Code:

3 AGREED FEE

Initial Fee or One-off Fee

Fee amount: £ **OR** % Is this charge subject to VAT*? ☐ Yes ☐ No

Date fee to be paid: D D M M Y Y Y Y **OR** immediately ☐ Yes

Ongoing Fee

Fee amount: £ **OR** % Is this charge subject to VAT*? ☐ Yes ☐ No

Date fee to be paid: D D M M Y Y Y Y **OR** immediately ☐ Yes

And then to be paid Annually ☐ Quarterly ☐

Note: If quarterly selected, we will pay one quarter of the stated fee, every three months. If this is a % then we will calculate this amount at the annual anniversary of the scheme and we will then pay one quarter of the fee, every three months.

Direct Fees

Will your adviser be receiving any fees directly from an Investment Firm? ☐ Yes ☐ No

Note: If a fee is also being paid direct from the Investment Firm to the adviser, we will take this into consideration when checking the total fees we are being asked to pay to them from the pension scheme.

If yes, please give details:

4 MEMBER DECLARATION

I confirm my agreement that the above detailed fees in section 3 are to be paid to my financial adviser and that any change to my financial adviser or any change in fees will be supplied in writing.

Member Signature:

Print Name:

Date: D D M M Y Y Y Y

5 ADVISER DECLARATION

Where applicable, please provide the VAT registration number for the Financial Adviser Firm listed in section 2.

VAT registration number:

I declare that the above detailed fees in section 3:

- Relate only to advice or other services I have provided to the plan member in relation to their benefits under the plan
- Relate only to a genuinely commercial arrangement agreed with the plan member
- Will not be paid in whole or in part to the plan member or anyone connected to the plan member

I acknowledge that Embark Pensions will verify my details both during the application process and the ongoing administration of the account.

Adviser Signature:

Print Name:

Date: D D M M Y Y Y Y

6 NEXT STEPS

Please email this form along with the required information for section 5 to **customerservices@embarkpensions.co.uk**. We strongly recommend that you encrypt your email to protect the contents and your personal information. If you are using a password to protect your request, please remember to contact us separately with the password used. Alternatively, please post to: **Embark Pensions, Provincial House, 37 New Walk, Leicester, LE1 6TU**.

Embark Pensions will then:

- Acknowledge receipt of your application and verify the information and documents you have provided
- Confirm the request has been actioned.

0344 544 0566

customerservices@embarkpensions.co.uk

Provincial House, 37 New Walk, Leicester, LE1 6TU

embarkpensions.co.uk

EBS Pensions Limited act as operator for the Option SIPP, Full SIPP, Liberty SIPP, EBS SIPP and EBS SAPPP. Embark Services Limited act as operator for the Hornbuckle Mitchell SIPP, Hornbuckle Mitchell Private Pension, Hornbuckle Mitchell FIPP, The Private Pension and the Freedom SIPP.

Embark Pensions is a trading name of EBS Pensions Limited and Embark Services Limited. EBS Pensions Limited is a company incorporated in England and Wales (company number 00998606) with its registered office at 33 Old Broad Street, London, EC2N 1HZ. EBS Pensions Limited is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 134908). Embark Services Limited is a company incorporated in England and Wales (company number 02089815) with its registered office at 33 Old Broad Street, London, EC2N 1HZ. Embark Services Limited is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 120820).