

Cash Fund Drawdown

Adviser Instruction Form

IMPORTANT INFORMATION

Please complete and return this form if you wish to

- Inform us that you have a new adviser and/or wish to remove your existing adviser from your Plan
- Start, cancel or amend an adviser fee arrangement.

Please use **BLOCK CAPITALS** and black ink to complete this form and return to LFS, PO Box 1043, Cheltenham GL50 9JB. If you have any queries, or would like help please contact us on 0345 055 0606 between 9am-5pm Monday to Friday.

1. YOUR DETAILS*

Mr/Mrs/Miss/Ms/Other	<input type="text"/>
Surname	<input type="text"/>
First name(s)	<input type="text"/>
Permanent address	<input type="text"/>
	Postcode
Telephone number	<input type="text"/>
Email address (optional)	<input type="text"/>
Plan number (if known)	<input type="text"/>

* We will process your personal details and other information in order to service and manage our relationship with you and your financial adviser and as otherwise set out below.

Your information may be disclosed to other selected third party providers for the purpose of our service provision to you, and your information may also be held in or transferred to countries outside of the EEA. In this event the processing will only be carried out by experienced and reputable organisations, and only on terms which safeguard the security of your data and comply with the requirements of the GDPR.

We will record and monitor telephone calls with you in case we need to check we have carried out your instructions correctly and to help improve our quality of service.



2. ADVISER INSTRUCTION – TO BE COMPLETED BY YOU (IF APPLICABLE)

I wish to inform LFS of my new adviser details	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I wish to remove the details of my existing adviser from my Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3. NEW ADVISER DETAILS – TO BE COMPLETED BY ADVISER (IF APPLICABLE)

Full name of firm	<input type="text"/>		
Principal FCA Firm Registration Number (FRN)	<input type="text"/>		
Full name of financial adviser	<input type="text"/>		
FCA Individual Registration Number (IRN)	<input type="text"/>		
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Adviser telephone number	<input type="text"/>		
Email (optional)	<input type="text"/>		
Bank	<input type="text"/>		
Account number	<input type="text"/>	Sort code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Any adviser remuneration is paid by BACS			
Adviser signature	<input type="text"/>		
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Your agency name and address stamp	<input type="text"/>		

4. ADVISER FEE – TO BE COMPLETED BY YOU (IF APPLICABLE)

I wish to start a new adviser fee arrangement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I wish to cancel an existing adviser fee arrangement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I wish to amend an existing adviser fee arrangement	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note If you choose to cancel an existing annual adviser fee arrangement, you should discuss this with your adviser prior to completing this form. LFS reserve the right to deduct any outstanding fees owed to your adviser from your Plan. Fees are arranged between you and your financial adviser. LFS will not be party to any dispute resolution.

5. NEW ADVISER FEE ARRANGEMENT – TO BE COMPLETED BY YOU (IF APPLICABLE)

Ongoing annual adviser fee £ or % of fund value

An initial arrangement fee £ or % of fund value

6. CUSTOMER SIGNATURE & CONFIRMATION

Print name (in **BLOCK CAPITALS**)

Applicant signature

Date

D	D	M	M	Y	Y	Y	Y
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