

## Income Drawdown Plan

# 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

Surname

First name(s)

Permanent address

  

Postcode

Telephone number

Email address (optional)

Plan number (if known)

\* 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.

Please note that we will not facilitate adviser charges for clients who are not UK residents. Any clients who are or become non UK residents will be responsible for settling any adviser costs directly. Any previously facilitated adviser charges will therefore cease should a client cease to be a UK resident.

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

I wish to inform LFS of my new adviser details  Yes  No

I wish to remove the details of my existing adviser from my Plan  Yes  No

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

Full name of firm

Principal FCA Firm Registration Number (FRN)

Full name of financial adviser

FCA Individual Registration Number (IRN)

Address

Postcode

Adviser telephone number

Email (optional)

Bank

Sort code    -    -

Account number

Any adviser remuneration is paid by BACS

Adviser signature

Date

Your Agency name and address stamp

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

I wish to start a new adviser fee arrangement  Yes  No

I wish to cancel an existing adviser fee arrangement  Yes  No

I wish to amend an existing adviser fee arrangement  Yes  No

**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  %

An initial arrangement fee  OR  %

**6. CUSTOMER SIGNATURE & CONFIRMATION**

Print name (in **BLOCK CAPITALS**)

Signature

Date

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