

# Adviser fee authorisation form

## Guidance notes

This agreement is made between the planholder and the plan adviser. A plan adviser will have no authority to issue instructions to vary a plan's investments or carry out any other variations to a plan.

Please complete this form in English and in CAPITAL letters and email to: [corporate.pensions@zurich.com](mailto:corporate.pensions@zurich.com).

## 1 Plan adviser details

Full name of planholder

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Plan name

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Plan number

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We, the planholder, appoint

Name of plan adviser

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Registered office address

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Address for correspondence (if different)

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Telephone number

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Fax number

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Email address

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Name of regulatory organisation of the plan adviser

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Membership number

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Zurich Introducer number

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as our plan adviser in respect of the plan number above subject to the terms and conditions set out on page two.

Full Zurich International Life due diligence must be completed before any plan adviser fees can be paid.

## 2 Plan fees

### a) Plan adviser fee

We authorise the making of partial encashments of \_\_\_\_\_ % of funds under management each year.

The payment is to be taken:  monthly  
 quarterly  
 half yearly  
 yearly

We understand that this will be paid in arrears at the frequency selected above.

Please enter any special instructions relating to the plan adviser fee here:

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### b) Reduced allocation fee

We authorise the reduction of contributions paid into the plan by \_\_\_\_\_ % each year

The percentage indicated is deducted from all contributions paid and reduces the allocation percentage on a 1:1 basis, prior to allocation. The reduced allocation percentage is used to generate the adviser fee.

Payment will be made in accordance with the plan payment frequency.

Please enter any special instructions relating to the reduced allocation fee here:

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Duly authorised for and on behalf of the planholder as per details given on the authorised signature mandate document

Signature of Planholder

Date

Name

Position

Signature of Planholder

Date

Name

Position

### 3 Terms and conditions

- a) This agreement may be terminated by the giving of one month's written notice.
- b) In the event of the death, bankruptcy or insolvency of the plan adviser or upon the plan adviser's wilful misconduct or negligent acts or omissions, or being a company, passing a resolution to wind up the company (other than for reconstruction or amalgamation) or where a liquidator or receiver of its assets is appointed or an administration order is made against the plan adviser, this agreement will terminate immediately and without notice.
- c) The plan adviser undertakes to comply with any rules of their relevant regulatory organisation and to advise Zurich International Life of any changes in his authorisation or of any disciplinary action against him by any regulatory organisation.
- d) This agreement is construed and will take effect in accordance with the laws of the Isle of Man and all parties will in the event of any dispute irrevocably submit to the jurisdiction of the Isle of Man courts.
- e) The personal information supplied in this form and from any background checks carried out by Zurich International Life Limited (the Company) will become part of the data held by the Company and may be:
- used for administration and accounting purposes and for the prevention and detection of fraud and financial crime;
  - to disclose to any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines
  - shared with other members of the Zurich Insurance Group and third parties who provide relevant services to the company;
- f) Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

**I have read and agree to the terms and conditions above and agree to be bound by them.**

Signature of Appointed Advisor

Date

Name

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