



ABC Financial Planning Limited

## AUTHORITY TO PROCEED

This document confirms the fees and terms and conditions that apply to our work with you. It does this by confirming:

- which documents you have been issued with, upon which we can both rely
- any specific fees agreed with you for providing advice, implementation or ongoing services
- the method of payment of those fees and cash equivalent examples where required

### SECTION A

**For your own benefit and protection, you should read these terms carefully before signing. If you do not understand any point, please ask for further information.**

DOCUMENT PROVIDED	DATE GIVEN	VERSION REFERENCE
Guide To Our Services	XX/XX/XXXX	V.XX
Guide To Our Protection Services		
Terms Of Business	XX/XX/XXXX	V.XX
About Our Ongoing Services		
Other documents:		
Having discussed and explored your situation and requirements with you: <ul style="list-style-type: none"> <li>• we have identified the key areas you would like me to base my advice on</li> <li>• we have also <b>reviewed the fees set out on the Terms of business</b> and various ways these could be paid</li> <li>• <b>you wish me to continue to work on a solution and understand that the minimum fees discussed may apply.</b></li> </ul>		
<b>A description of advice / service provided</b>	<b>Investment planning for Sean to generate a lump sum to support his children through their university years.</b> <b>Retirement planning for Lisa to generate an income at age 64.</b>	

### YOUR CONFIRMATION

I have received, and reviewed the above literature provided. I give authority to proceed under the terms and conditions described.	
<b>Client name:</b> Sean Sample	<b>Client name:</b> Lisa Sample
<b>Client signature:</b> <i>Sean Sample</i>	<b>Client signature:</b> <i>Lisa Sample</i>
<b>Date:</b> XX/XX/XXXX	<b>Date:</b> XX/XX/XXXX

## SECTION B

## INITIAL/ADVICE FEE CONFIRMATION

Method of payment for advice / implementation	<b>Provider Facilitated</b> / Direct / Both (please circle)
Amount of payment for advice / implementation of single premium	<input checked="" type="checkbox"/> £1500, calculated as 3% of the amount invested.
Amount of payment for advice / implementation of advice / regular premium	<input type="checkbox"/> £ _____, calculated as ___% of each premium invested for the first 12 months.
VAT	<input checked="" type="checkbox"/> this fee is not subject to VAT <input type="checkbox"/> £ _____ or ___% of this fee is subject to VAT. This equates to £ _____.

There may be occasions in the future where the work required is greater than anticipated and, as a result, we may need to increase our fee. Should this situation arise we will contact you to discuss the reasons why and agree a way forward. We guarantee that you will not incur higher fees than those stated above without your prior agreement. If you agree to a higher fee we will ask you to sign another version of this document which will supersede this agreement.

## ONGOING SERVICE FEE CONFIRMATION

Please tick to confirm the level of service you require from these options:

Gold	
Silver	✓
Bronze	
Where applicable, which month(s) would you prefer your Adviser review(s)	

Method of payment for on-going service	<b>Provider Facilitated</b> / Direct / Both (please circle)
Amount of payment for on-going service	<input checked="" type="checkbox"/> a percentage annually of the value of your product / portfolio invested via ourselves of <b>1%</b> . This equates to approximately <b>£500</b> , and will increase or decrease in line with the plan values.
Minimum levels of payment required for the agreed level of on-going service	<input type="checkbox"/> no minimum figure applies. <input type="checkbox"/> a minimum figure applies of £ _____.
VAT	<input checked="" type="checkbox"/> this fee is not subject to VAT. <input type="checkbox"/> ___% of this fee is subject to VAT. This equates to approximately £ _____ and will increase or decrease in line with the plan values.
Protection - Amount of payment for advice / implementation	<input type="checkbox"/> No fee as paid via commission from the insurance provider <input type="checkbox"/> A fee.

I have read the literature provided and the terms and conditions that apply to both the advice / implementation service and the ongoing service I wish to subscribe to. I understand that I can cancel the ongoing fee and the related service at any time.

Client name: Sean Sample	Client name: Lisa Sample
Client signature: <i>Sean Sample</i>	Client signature: <i>Lisa Sample</i>
Date: XX/XX/XXXX	Date: XX/XX/XXXX