

3 Bank Account Details for Remuneration Payments

Name of Account Holder

Account number

Branch sort code

4 Declaration and signature

We confirm that clients have been adequately informed about the implications and have given their consent to this transfer. We acknowledge that we will be liable for losses arising as a result of inaccurate or incomplete information in accordance with the FundsNetwork Terms of Business for Intermediaries.

Your signature

By signing here you confirm that you've read and completed all relevant sections as per the instructions on this form.

Signature



Print name

Date signed

(DDMMYYYY)

Signed on behalf of

In order for us to make this transfer, it is also mandatory that you enclose:

1. Written confirmation from the existing adviser or network that the transfer has been authorised in accordance with their wishes.
2. Where applicable, additional written confirmation from your new network that they are in agreement with the transfer of business.

All clients under this agency to be transferred

Partial transfer (please include the accounts to be transferred, along with the Ceding UAN, Receiving UAN and whether adviser ongoing fee is to be carried over).