

Ad Hoc Financial Adviser Charge Form

Please complete this form and return to Client Services, Trimbridge House, Trim Street, Bath, BA1 1HB.

Should you have any queries, please contact your Client Services Team on 0345 076 6140. **The charge process payment cycle is weekly.**

Section 1 Client Details

Client name

Account number

Section 2 Ad Hoc Payment Details

Charge payment amount

£

Wrapper

Details of payment (i.e. the activity you are charging for)

Account type (please mark in 1 box)

Deposit account

Reserve account

Section 3 Financial Adviser Confirmation Details

I confirm that I have agreed the above charge payment with my Client and have explained the reason for taking an ad hoc charge.

Signature

Date

 / /

Section 4 Client Confirmation Details

I /we confirm that I /we have agreed the above charge is to be taken from my Wrapper to pay for the ad hoc charge requested by my /our Financial Adviser.

Client Signature (1)

Date

 / /

Client Signature (2)

Date

 / /

Client Signature (3)

Date

 / /

Client Signature (4)

Date

 / /