

VT Sinfonia OEIC

Adviser Charge Facilitation Consent Form

THIS FORM DULY COMPLETED SHOULD BE SENT TO:

Valu-Trac Administration Services, Orton, Fochabers, Moray IV32 7QE
Tel: 01343 880344, Fax: 01343 880267, Email: sinfonia@valu-trac.com

ADVISER DETAILS:

Adviser Firm FCA Number	<input type="text"/>
Title	<input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Company Name	<input type="text"/>
Registered Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

Adviser Bank Account Name	<input type="text"/>
Bank / Building Society Name	<input type="text"/>
Bank / Building Society Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>

Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

INVESTOR DETAILS:

1st ACCOUNT HOLDER

Existing Account Number (if applicable)	<input type="text"/>
Title	<input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Designation (if required)	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

INVESTOR DETAILS:

JOINT ACCOUNT HOLDER

Existing Account Number (if applicable)	<input type="text"/>
Title	<input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Designation (if required)	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

INVESTOR DECLARATION

By signing this application I can confirm that I am in agreement with the adviser charge being deducted as indicated in the application above and paid to my financial adviser.

My adviser has fully explained their charges to me and I understand that, should I exercise my cancellation rights after the adviser charge has been paid, Valu-Trac Administration Services will not return any adviser charges to me. I will need to contact my financial adviser regarding any refund.

I understand that Valu-Trac Administration Services is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.

1 st Account Holder	Joint Account Holder
Signature:	Signature:
Print Name:	Print Name:
Date:	Date:

ADVISER CHARGING

Please specify your chosen charge option

INITIAL ADVISER CHARGE	ONGOING ADVISER CHARGES
Either Fixed £ <input type="text"/>	Either Fixed £ <input type="text"/> p.a.
Or Payment-related (applies to all initial/additional subscriptions and transfers-in) <input type="text"/> %	Or Fund-related <input type="text"/> % p.a.
	Payment frequency <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> yearly

If you have any questions please contact Valu-Trac Administration Services on 01343 880344 or sinfonia@valu-trac.com.

FINANCIAL ADVISER DECLARATION

I acknowledge that it is my sole responsibility to evaluate all of the product information provided to me and, where I have provided advice and made a personal recommendation to the investor(s) in accordance with the FCA Handbook, I confirm that I have the requisite knowledge and experience as to be deemed competent and capable of assessing the suitability of this product in relation to my client's circumstances and investment objectives.

I confirm that I have assessed the capability of my client to understand and evaluate the risks and merits of this product and have determined that the product is a suitable investment for my client.

I declare that this Application Form has been completed to the best of my knowledge and belief and I have fully disclosed any adviser charge, if applicable, to the investor(s). I understand that any adviser charge being facilitated will be paid after the start date of the Plan subject to a fully completed Terms of Business agreement being in place.

I confirm that I have retained documentary evidence for all parties relevant to this application that meets or exceeds the standards set out in the JMLSG guidance. I have seen all original documents and those requiring a signature have been signed. I acknowledge that Valu-Trac Administration Services will rely upon this confirmation for the purposes of Regulation 17 of The Money Laundering Regulations 2017 and that an Identity Verification Certificate (IDVC) and relevant supporting documents will be provided on request.

I confirm that I have determined that my client has satisfied all the relevant requirements to be accepted as an investor into this product.

Adviser Name

Adviser Signature

Date

Adviser's Stamp and Agent Code (if known)