



Client of Financial Adviser Amendment

To Investec Wealth & Investment

Client authorisation to amend the level of Adviser Agreed Remuneration of an existing Discretionary Managed Portfolio and/or make an additional investment (including an ISA and/or SIPP investment) on which adviser remuneration is to be paid.

This document can also be used to confirm agreed changes to the investment mandate applicable to your portfolio/s together with the confirmation that these remain suitable. This form can also provide the authorisation to release information following a change of a Financial Adviser and/or their Firm/Network.

This document is an amendment to the original client agreement signed under the above service, and will form the basis of the Adviser Agreed Remuneration paid to your Financial Adviser (IFA or other adviser) and/or our charges in the future. The agreement will remain in force for all business undertaken with us through your Financial Adviser unless you inform us otherwise.

N.B.

- 1) Please add details of any changes to relevant sections but for those sections that are unaffected please either strike through the section or add "No Change".
- 2) This document must be signed by both the client/s and the Financial Adviser.

NAME OF ACCOUNT/S:		INVESTEC ACCOUNT REFERENCE/S:	
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Adviser Details

Adviser Agreed Remuneration		
I/We confirm that the amendment to the Adviser Agreed Remuneration has been fully explained to me/us by my/our Financial Adviser.		
NAME OF ADVISER	ADVISER FIRM	AGENCY NO.

Non-Recurring Adviser Agreed Remuneration (for any additional investment)		
I/We authorise the payment of any non-recurring Adviser Agreed Remuneration payable to my/our Financial Adviser. This will be applied to the further investment of		
£	and will be on the basis of (enter £ value or % of investment)	<u>inclusive</u> of any VAT that may be applicable.

Recurring Adviser Agreed Remuneration (for existing and any additional investment)		
I/We confirm that I/we agree to the payment of recurring Adviser Agreed Remuneration to Vision I.F.P. Ltd <u>inclusive</u> of any VAT that may be payable, which relates to the existing and any further investment, of:		
· Adviser Charge (enter £ value or % of investment)	<input style="width: 100px;" type="text"/>	per annum
· In respect of due diligence on the discretionary fund management marketplace and on investment portal provision	<input style="width: 100px; text-align: center; value: 0.36%;" type="text"/>	per annum
	Total	<input style="width: 100px;" type="text"/> per annum
With effect from		
DATE	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Please note we will continue to pay your adviser at the agreed rate unless we hear from you in writing.		

Investments

Level of portfolio risk

Which of the following statements most closely matches your attitude to portfolio risk?

Please read our Managing Your Investments document for information on our risk classifications.

Low Low/Medium Medium Medium/High High

Investment objectives

To enable us to understand and assist in meeting your requirements, please tick one of the following objectives.

To achieve a **balanced return** from **income** and **capital growth** To **maximise capital growth** To **maximise income**

Defined mandate

If you wish us to adopt an alternative investment mandate that either excludes or only includes asset classes please provide details below

We will agree with you an appropriate benchmark that is relevant to your defined mandate.

Investment instructions or restrictions

Please indicate in the box below whether there are any *investment* instructions or restrictions. If no restriction(s) is/are specified, we may recommend to you any *investment* or enter into a transaction on any market referred to in section 6 of our *Terms and Conditions* which we believe to be suitable for you.

Either: INVESTMENT INSTRUCTIONS OR RESTRICTIONS or THERE ARE NO INVESTMENT RESTRICTIONS
PLEASE TICK BOX AND SPECIFY IN THE SPACE BELOW PLEASE TICK BOX

Further or alternative provisions

Please state here if there are further or alternative provisions that you wish us to be aware of (including any income requirement [gross] per annum). We will attempt to meet these requirements but will inform you if such requests are not relevant in the circumstances or are impractical to provide.

Time horizon

What is the timeframe for investment?

1-5 YEARS 5-10 YEARS 10 YEARS+

IW&I Online Service

If you already use our IW&I Online Service the Investment Manager will ensure the above client/s account/s are included. However, if you do not currently use this service please tick below.

Please provide the application form for the IW&I Online Service.

To be completed by your *Financial Adviser*

Financial Adviser Details	
CONTACT NAME	YOUR FCA NUMBER
NAME OF FIRM Vision Independent Financial Planning Ltd	
NETWORK FCA NUMBER 487395	FIRMS FCA NUMBER (IF APPLICABLE)
ADDRESS Vision House	
Unit 6A Falmouth Business Park, Bickland Water Road	
Falmouth, Cornwall	POSTCODE T R 1 1 4 S Z
CORRESPONDENCE ADDRESS (IF DIFFERENT)	
	POSTCODE
TELEPHONE NUMBER	FAX NUMBER
EMAIL	

Bank details	
Only complete if you are changing your Bank Account details.	
ACCOUNT NAME	
BANK NAME	ADDRESS
ACCOUNT NUMBER	SORT CODE

Reporting

Electronic Reporting	
If you use a back office system and require details to be provided for this client please provide details of the provider	
If we are able to support your request we will arrange to provide data. However, we do not offer this service for all back office systems.	

Declarations by the Financial Adviser	
I/We confirm that I/we have recently undertaken a full fact find for the client/s and assessed the ongoing suitability of this service in accordance with FCA requirements.	
I/We confirm that where this form includes a change in my/our client/s investment mandate that I/we have fully explained to my/our client/s any change to the level of portfolio risk and investment mandate and/or change in benchmarks, as outlined in the Managing Your Investments for Clients of Financial Advisers document.	
I/We confirm that I/we will notify IW&I of any change in our client/s circumstances that may affect the management of their portfolio/s.	
I/We understand that where my/our client has requested that Valuations (including any digital valuations), Loss Notifications and/or all communications are sent to me/us that I/we accept the responsibility of forwarding all of these communications to my/our client/s in a timely manner.	
I/We understand that for digital valuations that I/we will have to either email the valuation or print and post these to my/our client/s.	
SIGNED	NAME
	DATE

To Investec Wealth & Investment

This is our standard client agreement upon which we intend to rely. For your own benefit and protection, you should read this agreement (a defined term in our *Terms and Conditions*) carefully before signing. If you do not understand any point, please ask for further information.

To be completed by Client/s

Customer declaration	
I/We authorise you to release information in relation to my/our investments and myself/ourselves to my/our <i>Financial Adviser firm</i> .	
I/We authorise you to accept instructions in relation to my/our investment mandate from my/our <i>Financial Adviser firm</i>	<input type="checkbox"/> Please tick if appropriate
I/We authorise you to accept instructions in relation to payments from my/our account from my/our <i>Financial Adviser firm</i>	<input type="checkbox"/> Please tick if appropriate
I/We authorise you to facilitate the payment as outlined above to my/our <i>Financial Adviser firm</i> .	
I/We confirm that the basis of any adviser agreed remuneration has been fully explained to me/us by our <i>Financial Adviser firm</i> .	
I/We confirm that I/we give you prior express consent, where in exceptional circumstances you agree to retain a limit order for more than one day, not to publish those limit orders.	
I/We confirm that I/we give you prior express consent to deal off-market as detailed in the order execution Policy in the Annexes of the <i>Terms and Conditions</i> .	

Client Agreement to the Amendment	
SIGNED	
NAME	DATE
SIGNED	
NAME	DATE

In the case of joint accounts this *Client Agreement* must be signed by all parties. The account will be operated on the instruction of one signatory unless specified differently.

For office use only	
To be completed by Investment Manager.	
Please check that the form is signed by the relevant Financial Adviser.	
Investment Manager	
Veracity check undertaken with Financial Adviser.	
NAME	SIGNED
	DATE

Bath	01225 341580	Edinburgh	0131 226 5000	Liverpool	0151 227 2030
Belfast	02890 321002	Exeter	01392 204404	London	020 7597 1234
Birmingham	0121 232 0700	Glasgow	0141 333 9323	Manchester	0161 832 6868
Bournemouth	01202 208100	Guildford	01483 304707	Reigate	01737 224223
Cheltenham	01242 514756	Leeds	0113 245 4488	Sheffield	0114 275 5100

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