

The adviser firm:

I/We confirm that I/we will act only in accordance with complete instructions from the planholder(s) of the plan, after ensuring the planholder(s) has/have received the key features document and the terms and conditions and in accordance with the permissions and authority granted by the Financial Services and Markets Act 2000 or any replacement legislation.

Adviser firm name

Adviser firm address

Postcode

Country

Adviser name

Monument agency account number

Adviser signature (on behalf of the adviser firm)

Date

Day

Month

Year

--	--	--	--	--	--	--	--	--	--