



BREWIN DOLPHIN

AGENT
SELF INVESTED
PERSONAL
PENSION (SIPP)
ACCOUNT
OPENING FORM

HELPING US DELIVER THE BEST POSSIBLE SERVICE

In order for us to recommend the most suitable investments for your Client's portfolio, we need a detailed understanding of your Client's financial circumstances, your Client's attitude to risk and your Client's objectives. This form has been designed to provide us with this background information and to help us provide your Client with our discretionary investment management services.

If you would prefer to complete a copy in large print, please ask for one.

SECTION 1: SIPP PROVIDER AND AGENT'S REGISTRATION DETAILS

Please print in capitals throughout this form and mark boxes with an X.

SIPP Policy Number

Account Title

SIPP Provider's Address

Company Name

Number

Street

City

County

Postcode

Country

Regulatory Authorisation Number

Email

Agent Details

Agent's Name(s)

Agent's Address

Agent's Email

Agent's Contact Number

FSA Authorisation Number

The following documents will automatically be sent to the SIPP Provider:

Original Valuations Original Statements Original Contract Notes Original Consolidated Tax Vouchers

SECTION 2: WHO IS THIS ACCOUNT FOR?

Policyholder

Mr Mrs Miss Ms Other *If Other, please state below.*

Other

First Name(s)

Surname

Date of Birth

SECTION 2: WHO IS THIS ACCOUNT FOR? (CONTINUED)

What is the Policyholder's Residential Address?

| | |
|--------------|---|
| House Name | <input type="text"/> |
| House Number | <input type="text"/> |
| Street | <input type="text"/> |
| City | <input type="text"/> |
| County | <input type="text"/> |
| Postcode | <input type="text"/> <input type="text"/> |
| Country | <input type="text"/> |

Additional Details

| | |
|--------------------------------|--|
| Nationality | <input type="text"/> |
| Country of Birth | <input type="text"/> |
| Residency for Tax Purposes | <input type="text"/> |
| Domicile (if residency not UK) | <input type="text"/> |
| National Insurance Number | <input type="text"/> <input type="text"/> <input type="text"/> |
| Tax Reference | <input type="text"/> |

What are the Policyholder's Contact Details?

| | |
|-------|----------------------|
| Home | <input type="text"/> |
| Other | <input type="text"/> |
| Email | <input type="text"/> |

Please provide an email address if the Policyholder wishes to access our online valuation system.

SECTION 3: HOW CAN WE HELP THE POLICYHOLDER?

3.1 How much Capital does the Policyholder have available for investment? £

3.2 Type of Service

Discretionary

3.3 Please indicate below which Investment Objective and Risk Classification Category the Policyholder has agreed for this account.

- 1. **Income Dependent** Cautious with Lower Risk

- 2. **Income Return** Cautious with Risk

- 3. **Income and Growth Return** Diversified Risk

- 4. **Growth Return** Progressive Risk

- 5. **Aggressive Total Return** High Risk

Please refer to our SIPP Terms of Service and to our Investment Objective and Risk Classification Categories for further information.

SECTION 3: HOW CAN WE HELP THE POLICYHOLDER? (CONTINUED)**3.4 Benchmarks**

Please refer to our Guide to Investment Objective and Risk Classification Categories for further information on the default benchmark that corresponds with the selection in section 3. Please advise us if you would like the portfolio to be assessed against an alternative benchmark.

3.5 What is the Policyholder's intended retirement date?

3.6 Does the Policyholder wish to receive a pension income from his/her investments (subject to eligibility)? Yes No

If yes, please state gross annual Pension income required.

 £

This is an indication of what the Policyholder would like the portfolio to achieve. This is not a guarantee of what the pension portfolio can or will achieve. Income can be taken from the investment from the age of 55.

3.7 Is the Policyholder dependent on this income to maintain their standard of living? Yes No **3.8 Does the Policyholder have anyone who depends on them for financial support?** Yes No

If yes, please provide details.

3.9 Does the Policyholder anticipate any changes to their circumstances? Yes No

If yes, please provide details.

e.g. retirement, moving house.

3.10 What is the Policyholder's investment time horizon? 1-3 years 3-5 years 5-10 years 10+ years **3.11 Does the Policyholder have any preferences or restrictions on where their money is invested, including any moral or ethical views?** Yes No

If yes, please provide details.

Any investment restriction that the Policyholder may impose on our management of their portfolio will only apply to direct investments because of the difficulty and cost of keeping permanently up to date with the underlying holdings in collective investment schemes or other packaged retail investment products. The Policyholder further understands that any such restriction set by the Policyholder may affect the performance of their portfolio.

3.12 Are there any other restrictions? *e.g. maximum holding size (instruments that are excluded from investments etc)* Yes No

If yes, please provide details.

SECTION 4: CORRESPONDENCE AND ADMINISTRATION**4.1 Information for Professional Advisers and Third Parties**

If the Policyholder would like us to send copies of periodic account information to their other professional advisers or other third parties, please provide the details below and indicate which documents they would like us to send.

SECTION 4: CORRESPONDENCE AND ADMINISTRATION (CONTINUED)

Do you want us to provide information on the Policyholder's portfolio to third parties?

Yes No

If yes, please indicate below:

| | Policyholder | Tax Adviser | Solicitor | Agent | Other |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| General Correspondence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Valuation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No. of copies of Valuation (maximum of 4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Invoices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contract Notes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Year End Tax Report (one copy only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Statements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Annual Custody Statement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Online Valuation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide contact details (if applicable)

Contact Name

Role

Name of Firm

Address

Postcode

Email

Telephone Number

If you require additional space, please use Notes section at the back of the form.

4.2 Instructions from Third Parties

If you or the Policyholder wish to authorise a third party to provide instructions to us, please provide the details below. Consent from the SIPP Provider will be required.

Do you want us to accept instructions from a third party?

Yes No

Please note that money laundering regulations require us to obtain proof of identity/address documentation in respect of any third party that exercises control over the account. We may need to contact you for further information.

If yes, please authorise ONE third party here:

Tax Adviser Solicitor Other

Please provide contact details (if applicable)

Contact Name

Role

Name of Firm

Address

Postcode

Email

Telephone Number

Date of Birth

Nationality

Country of Birth

Residency for Tax Purposes

Domicile (if residency not UK)

SECTION 4: CORRESPONDENCE AND ADMINISTRATION (CONTINUED)**4.3 Periodic Statements**

A Valuation Report will be provided every six months. Reports may be provided on a more frequent basis if requested.

Would you like to receive monthly income statements when income is paid to the Provider?

Yes No

Portfolios will be valued in Sterling. If the Policyholder would prefer to have their portfolio valued in the currencies below, please indicate and we will try to accommodate this.

Euro US Dollar

4.4 Would you like to receive the Policyholder's account information electronically?

We offer portfolio access through our secure server at www.brewin.co.uk, where up-to-date information about the Policyholder's investments can be viewed.

I would like access to the online valuation system.

Yes No

SECTION 5: BANK DETAILS AND ASSET TRANSFERS

5.1 If funds are being transferred to us when this account is being opened, please provide the following information on the source of these funds.

SIPP Provider Client Account *(Please do not insert Policyholder's bank details here)*

Bank/Building Society Details:

| | |
|----------------------------------|----------------------|
| Account Name | <input type="text"/> |
| Name of Bank or Building Society | <input type="text"/> |
| Branch | <input type="text"/> |
| Building Society Roll No. | <input type="text"/> |
| Bank Account Number | <input type="text"/> |
| Sort Code | <input type="text"/> |

For Bank Accounts outside the UK please provide:

| | |
|-------------|----------------------|
| IBAN number | <input type="text"/> |
| City | <input type="text"/> |
| Country | <input type="text"/> |

Please confirm the source of funds and the source of wealth in relation to this account.

| | |
|------------------|--|
| Source of Funds | <input type="text"/> |
| | <i>e.g Bank/Building Society Account, etc.</i> |
| Source of Wealth | <input type="text"/> |
| | <i>e.g sale of property, etc.</i> |

5.2 Pension Income Instructions

Please complete this section on how you would like us to handle the Policyholder's dividends and interest, and regular income payments.

Dividend Income:

Brewin Dolphin to hold as part of the portfolio Pay to the SIPP Provider Client account

Regular Payment:

If you would like a fixed sum paid to the SIPP Providers Client account please indicate:

| | |
|------------------------|------------------------|
| Amount | £ <input type="text"/> |
| Frequency | <input type="text"/> |
| Date for first payment | <input type="text"/> |

SECTION 6: AGENT STAMP AND CHARGES

Agent Stamp

Agent Charges

Initial %

Annual %

Agent Account *(for charges only)*

Bank/Building Society Details:

Account Name

Name of Bank
or Building Society

Branch

Building Society Roll No.

Bank Account Number

Sort Code

For Bank Accounts outside the UK please provide:

IBAN number

City

Country

SECTION 7: AGENT DECLARATION AND ACCEPTANCE OF TERMS BY THE AGENT

7.1 Marketing Consent and Data Protection

We produce a free quarterly magazine "Adviser Perspective" which covers a range of industry and investment related topics. If you **do not** wish to have a copy sent to you, please tick this box.

Brewin Dolphin may sometimes use information about the Policyholder in order to offer the Policyholder other services that may be of interest to them from Brewin Dolphin, by post, telephone and email. If the Policyholder agrees to being contacted this way, please tick this box.

Please note that the Policyholder can withdraw or reinstate their consent to receiving information of this nature at any time in the future by notifying us in writing.

The information given in this form will be handled in accordance with the provisions of the Data Protection Act 1998. As a data controller, Brewin Dolphin is registered with the Information Commissioners Office ("ICO") and Brewin Dolphin has the obligation to notify the ICO about the purposes for which it processes personal information. The policyholder can access the Brewin Dolphin's register entry via the ICO's website: www.ico.gov.uk. The register contains a summary about the purposes for which we process The policyholder's personal information. The policyholder can also refer to our Terms and Conditions. If the policyholder needs further information please write to us at 12 Smithfield Street, London, EC1A 9BD.

SECTION 7: AGENT DECLARATION AND ACCEPTANCE OF TERMS BY THE AGENT**7.2 Agent Declaration and Acceptance**

In relation to our Client, the Policyholder, I/We declare that:

- I/we have undertaken an assessment of the suitability of Brewin Dolphin's services for the Policyholder.
- the information provided in this form is correct and complete to the best of my/our knowledge and I/we will notify Brewin Dolphin promptly of any changes.
- I/we have obtained information from the Policyholder in relation to their knowledge and experience in investments and confirm that the Policyholder has the necessary experience and knowledge in order to understand the risks involved in the management of the portfolio.
- I/we have obtained information from the Policyholder in relation to their financial situation including the source and extent of their regular income, assets (including liquid assets) investments and real property and their regular financial commitments. I/we confirm that the Policyholder has the capacity to bear investment risks arising from the management of the portfolio, including the potential of significant loss.
- I/we confirm that I/we have read Brewin Dolphin's Guide to Investment Objective and Risk Classification Categories and that the Category identified in Section 3 of this Account Opening Form is suitable for the Policyholder.
- I/we have received Brewin Dolphin's Account Opening Information Pack, which includes the standard terms and conditions governing the services to be provided to us as agent for our Policyholder, and I/we shall seek clarification promptly if there is anything that I/we do not understand.
- I/we have obtained information from the Policyholder on their investment objectives, including the length of time they wish to hold investments, their preferences regarding risk taking, their risk profile and the purposes of investment.
- I/we confirm that I/we have verified and identified all parties to this agreement in accordance with the Intermediary Terms of Business for Agents.
- I/we have discussed and agreed with the Policyholder the overall charging structure (including trail commissions) in relation to this service.
- I/we will disclose to the Policyholder all details of any subsequent fees and commissions between us in accordance with all applicable statutory, regulatory and professional requirements.
- where we supply Brewin Dolphin with information about the Policyholder, we have obtained their prior consent to provide this information to Brewin Dolphin and for Brewin Dolphin to process it in order to provide its services.

First Authorised Signature

Signed

Date

Print Name

Second Authorised Signature (if appropriate)

Signed

Date

Print Name

SECTION 8: DECLARATION AND ACCEPTANCE OF TERMS BY THE POLICYHOLDER**8.1 Declaration by the Policyholder**

I declare that:

- the information provided in this form is correct, complete and up-to-date;
- my Agent will notify Brewin Dolphin promptly of any changes to the information provided in this form and of any other relevant information; and
- I have received a copy of Brewin Dolphin's Terms of Service for SIPP Account Holders which govern the services to be provided to me and will seek clarification from my Agent if there is anything I do not understand.

Policyholder

Signed

Date

Print Name

SECTION 9: DECLARATION AND ACCEPTANCE OF TERMS BY THE SIPP PROVIDER/TRUSTEE(S)

9.1 Order Execution and Conflicts Policies

You will have received summaries of our Order Execution Policy ("OEP") and Conflicts Policy.

Our OEP specifies that when we believe it is in yours and the Policyholder's best interests we may execute transactions outside regulated markets and multilateral trading facilities such as a trade on an "over the counter" (OTC) basis with a market participant or by crossing your order with that of another opposing Client ("Agency Cross"). Part 4 of the Policy has further details.

The OEP also allows us to exercise our discretion as to whether or not to publish limit orders depending on whether we believe it is in yours or the Policyholder's best interests.

We strongly believe that it is in both you and the Policyholder's interests that you accept our OEP as it better enables us to get the best outcomes for both you and the Policyholder.

We would ask that you read the summary of the Order Execution Policy, and provide express consent to it by signing the Declaration in section 9.

Declaration

On behalf of the SIPP Provider or Trustees of the Pension Scheme or Fund, we declare that:

- the information provided in this form regarding the SIPP Provider/Trustees is complete and correct to the best of our knowledge and we shall notify Brewin Dolphin promptly of any changes in the details, status or circumstances of the SIPP Provider/Trustees;
- we expressly consent to the Agent (authorised to act on behalf of the Policyholder in Section 1 of this form) to communicate with, give instructions to, and otherwise deal with Brewin Dolphin in respect of the Policyholder's SIPP Account unless or until such authority is withdrawn by the SIPP Provider, by notice in writing, to Brewin Dolphin;
- where we supply Brewin Dolphin with information about the Policyholder, we have obtained their prior consent to provide this information to Brewin Dolphin and for Brewin Dolphin to process it in order to provide its services.

At least two Authorised Signatories must sign on behalf of the SIPP Provider/Trustee(s).

First Authorised Signatory/Trustee

Signed

Date

Print Name

Second Authorised Signatory/Trustee

Signed

Date

Print Name

Third Authorised Signatory/Trustee

Signed

Date

Print Name

FOR BREWIN DOLPHIN USE ONLY

Agent's Name

Short Name

External Agent Code: % Share

Internal Agent Code: % Share

PRC Branch Code:

A/C Exec responsible for A/C

FSA No.

Terms and Conditions BD Number: **B D 1 1 2 1 / /**

Please record the reference number from the back of the Terms and Conditions document.

Valuation Pack Set Up

Currency GBP Euro USD

CGT Schedule GBP Euro USD

Valuation Frequency Quarterly Biannually Annually

Statements GBP Euro USD

Include for CGT Yes No

Invoice required Yes No

Benchmark index agreed with Agent

Rate Card Type Power of Attorney

Specialist Service

NOTES

Blank area for notes.

NOTES

Large empty area for notes.

Aberdeen

2nd Floor
Blenheim House
Fountainhall Road
Aberdeen AB15 4DT

T 01224 267 900
F 01224 267 901

Dumfries

43 Buccleuch Street
Dumfries
DG1 2AB

T 01387 252 361
F 01387 272 664

Jersey

2nd Floor, Kingsgate House
55 The Esplanade
St Helier
Jersey JE2 3QB

T 01534 703 000
F 01534 731 910

Norwich

Jacquard House
Old Bank of England Court
Queen Street
Norwich NR2 4SX

T 01603 767 776
F 01603 767 476

Taunton

2nd Floor Ashford Court
Blackbrook Business Park
Blackbrook Park Avenue
Taunton, Somerset TA1 2PX

T 01823 445 750
F 01823 445 751

Belfast

6th Floor
Waterfront Plaza
8 Laganbank Road
Belfast BT1 3LY

T 028 9044 6000
F 028 9044 6001

Dundee

31-32 City Quay
Camperdown Street
Dundee
DD1 3JA

T 01382 317 200
F 01382 317 201

Leeds

34 Lisbon Street
Leeds
LS1 4LX

T 0113 245 9341
F 0113 243 5666

Nottingham

1st Floor, Waterfront House
Waterfront Plaza
35 Station Street
Nottingham NG2 3DQ

T 0115 852 5580
F 0115 852 5581

Teesside

Progress House
Fudan Way, Teesdale
Stockton-on-Tees
TS17 6EN

T 01642 608 855
F 01642 604 488

Birmingham

9 Colmore Row
Birmingham
B3 2BJ

T 0121 710 3500
F 0121 212 0011

Edinburgh

7 Drumsheugh Gardens
Edinburgh
EH3 7QH

T 0131 225 2566
F 0131 225 3134

Leicester

Two Colton Square
Leicester
LE1 1QF

T 01162 420 700
F 01162 536 585

Oxford

4 King Edward Street
Oxford
OX1 4HS

T 01865 255 750
F 01865 255 751

Truro

CMA House
Newham Road
Newham

Truro TR1 2SU
T 01872 265 610
F 01872 265 611

Bradford

Auburn House
8 Upper Piccadilly
Bradford
BD1 3NU

T 01274 728 866
F 01274 370 483

Elgin

26 Hay Street
Elgin
IV30 1NQ

T 01343 548 344
F 01343 543 084

Lincoln

Olympic House
Doddington Road
Lincoln
LN6 3SE

T 01522 503 000
F 01522 503 050

Penrith

1 Mason Court, Gillan Way
Penrith 40 Business Park
Penrith, Cumbria
CA11 9GR

T 01768 861 710
F 01768 861 711

York

Apollo House
Eboracum Way
York
YO31 7RE

T 01904 435 600
F 01904 435 601

Brighton

Invicta House
Trafalgar Place
Brighton
BN1 4ZG

T 01273 667 220
F 01273 667 221

Exeter

Vantage Point
Woodwater Park
Pynes Hill, Exeter
Devon EX2 5FD

T 01392 440 450
F 01392 440 451

London

12 Smithfield Street
London
EC1A 9BD

T 020 7248 4400
F 020 3201 3001

Plymouth

Ashleigh Court
Ashleigh Way
Langage Business Park
Plymouth PL7 5JX

T 01752 334 650
F 01752 334 651

Cardiff

2nd Floor
5 Callaghan Square
Cardiff
CF10 5BT

T 02920 340 100
F 02920 344 999

Glasgow

48 St Vincent Street
Glasgow
G2 5TS

T 0141 221 7733
F 0141 314 8142

Lymington

West Barn
Efford Park
Milford Road
Lymington SO41 0JD

T 01590 687 920
F 01590 687 949

Reigate

45 London Road
Reigate
Surrey
RH2 9PY

T 01737 223 722
F 01737 224 848

Cheltenham

The Lypiatts
Lansdown Road
Cheltenham
Gloucestershire GL50 2JA

T 01242 577 677
F 01242 586 822

Guernsey

1st Floor
10 Lefebvre Street
St Peter Port
Guernsey GY1 2PE

T 01481 736 682
F 01481 729 910

Manchester

National House
36 St Ann Street
Manchester
M2 7LE

T 0161 839 4222
F 0161 832 9092

Shrewsbury

Mutual House, Sitka Drive,
Shrewsbury Business Park
Shrewsbury, Shropshire
SY2 6LG

T 01743 284 230
F 01743 284 231

Chester

Liverpool House
47 Lower Bridge Street
Chester
CH1 1RS

T 01244 353 900
F 01244 353 900

Hereford

35 Bridge Street
Hereford
HR4 9DG

T 01432 364 300
F 01432 354 193

Marlborough

Woodstock Court
Blenheim Rd
Marlborough
Wiltshire SN8 4AN

T 01672 519 600
F 01672 515 550

Stoke-on-Trent

1st Floor, Highpoint
Festival Park
Stoke-on-Trent
ST1 5BG

T 01782 210 250
F 01782 210 251

Dorchester

Hamilton House
6 Nantillo Street
Poundbury, Dorchester
Dorset DT1 3WN

T 01305 215 770
F 01305 215 771

Inverness

Lyle House
Fairways Business Park
Inverness
IV2 6AA

T 01463 225 888
F 01463 226 777

Newcastle

Time Central
Gallowgate
Newcastle upon Tyne
NE1 4SR

T 0191 279 7300
F 0191 279 7301

Swansea

6 Axis Court
Mallard Way
Swansea Vale
Swansea SA7 0AJ

T 01792 763 960
F 01792 763 961

| | |
|--------------------------------|---------------------|
| Account Title | For office use only |
| | |
| | |
| | |
| Client Code | |
| | |
| PRC Code | |
| | |
| Classification | |
| R E T A I L C L I E N T | |

- | | |
|------------|----------------|
| Aberdeen | Leicester |
| Belfast | Lincoln |
| Birmingham | London |
| Bradford | Lymington |
| Brighton | Manchester |
| Cardiff | Marlborough |
| Cheltenham | Newcastle |
| Chester | Norwich |
| Dorchester | Nottingham |
| Dumfries | Oxford |
| Dundee | Penrith |
| Edinburgh | Plymouth |
| Elgin | Reigate |
| Exeter | Shrewsbury |
| Glasgow | Stoke-on-Trent |
| Guernsey | Swansea |
| Hereford | Taunton |
| Inverness | Teesside |
| Jersey | Truro |
| Leeds | York |

.....

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E info@brewin.co.uk