

Edward Bond

Howbury House, Texcel Business Park, Thames Road, Dartford, Kent, DA1 4RQ

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W: www.edwardbond.co.uk



Authority to Proceed

Section A

For your own benefit and protection, you should read these terms carefully before signing. If you do not understand any point, please ask for further information.

Document Provided	Date given
Terms Of Business	
Customer Privacy Notice	
Having discussed and explored your situation and requirements with you: <ul style="list-style-type: none">• we have identified the key areas upon which you would like Edward Bond to base its advice.• we have also reviewed the fees set out in the Terms of Business and various ways these could be paid.• You would like Edward Bond to continue to work on a solution and understand that, should you proceed with the advice, the minimum fees discussed may apply.	
A description of advice / service provided	

Your Confirmation

☐ I/We have given consent for you to hold my/our personal data and to share it with Providers for the purpose of the advising, arranging, administration and servicing of financial products and services.

☐ I have received, and reviewed the above literature provided.

☐ I give authority to proceed under the terms and conditions described.

CONSENT TO GATHER SPECIAL CATEGORY DATA

In some instances, it is necessary for us to collect more sensitive information (such as health or lifestyle information) which is called special category data. This is to allow us to provide suitable financial advice to you. To do this we need to gather your consent to the collection and processing of this data. You can withdraw your consent at any time.

<input type="checkbox"/>	By ticking this box, you are giving consent for special category personal data to be collected stored in order for your adviser to provide you with a tailored advice service.
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Client 1 Name _____

Client 2 Name _____

Signed _____

Signed _____

Date _____

Date _____

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Authority to Proceed

Section B

INITIAL/ADVICE FEE CONFIRMATION

Method of payment for advice / implementation	<input type="checkbox"/> Provider Facilitated <input type="checkbox"/> Direct <input type="checkbox"/> Both
Amount of payment for advice / implementation of single premium	£_____, calculated as _____% of the amount invested a flat fee of £_____. an hourly rate of £_____ per hour for an estimated _____ hours.
Amount of payment for advice / implementation of advice / regular premium	£_____, calculated as _____% of each premium invested for the first 12 months. a flat fee of £_____. an hourly rate of £_____ per hour for an estimated _____ hours
VAT	this fee is not subject to VAT £_____ or _____% of this fee is subject to VAT. This equates to £_____.

There may be occasions in the future where the work required is greater than anticipated and, as a result, we may need to increase our fee. Should this situation arise we will contact you to discuss the reasons why and agree a way forward. We guarantee that you will not incur higher fees than those stated above without your prior agreement. If you agree to a higher fee, we will ask you to sign another version of this document which will supersede this agreement.

ONGOING SERVICE FEE CONFIRMATION Where applicable, which month(s) would you prefer your Adviser review(s)

"High Touch" Service	<input type="checkbox"/> month(s) would you prefer your Adviser review(s) _____
"Standard Touch" Service	<input type="checkbox"/> month(s) would you prefer your Adviser review(s) _____
"Lighter Touch" Service	<input type="checkbox"/> month(s) would you prefer your Adviser review(s) _____
Declined on going service	<input type="checkbox"/>

Method of payment for on-going service	<input type="checkbox"/> Provider Facilitated <input type="checkbox"/> Direct <input type="checkbox"/> Both
Amount of payment for on-going service	<input type="checkbox"/> A percentage annually of the value of your product / portfolio invested via ourselves of ____%. This equates to approximately £_____ and will increase or decrease in line with the plan values. <input type="checkbox"/> A flat fee of £_____.
Minimum levels of payment required for the agreed level of on-going service	<input type="checkbox"/> No minimum figure applies. <input type="checkbox"/> A minimum figure applies of £_____.
VAT	<input type="checkbox"/> This fee is not subject to VAT. <input type="checkbox"/> ____% of this fee is subject to VAT. This equates to approximately £_____ and will increase or decrease in line with the plan values.
Protection - Amount of payment for advice / implementation	<input type="checkbox"/> No fee as paid via commission from the insurance provider. <input type="checkbox"/> A fee of £_____.

☐ I have read the literature provided and the terms and conditions that apply to both the advice / implementation service and the ongoing service I wish to subscribe to. I understand that I can cancel the ongoing fee and the related service at any time.

Client 1 Name _____

Client 2 Name _____

Signed _____

Signed _____

Date _____

Date _____