

**APPENDIX 3 – SELF INVESTED PERSONAL PENSION (SIPP)**

Provider Details: please give details of the SIPP provider:

Firm Name: (“the Client”)

Address:

Postcode:

Reference or Account Number:

**Investor Signature(s):**

I/We the Investor(s) confirm that the information provided in the Application Form is an accurate record of my/our investment requirements. In the case of family or group SIPPs, all investors must sign (continue on a separate sheet if necessary). Please pass this form to your SIPP provider who must sign as our client.

Authorisation: We, for and on behalf of the Client, hereby appoint R.C. Brown Investment Management PLC (RCBIM) to manage the portfolio in accordance with the terms of this Agreement. We understand that, by signing this Application Form, this will constitute an agreement between us incorporating the information contained in the Application Form and the Terms of Business. We confirm that we have read and understood the Investment Proposal and the Terms of Business. We confirm that the information contained in this Application Form and in the Investment Proposal is correct and we undertake to notify RCBIM promptly of any changes to the information. We agree that representatives of RCBIM may call upon us accordingly.

To be signed by the SIPP provider as our client:

Name	Signature	Position	Date
1.			
2.			
3.			

- At least two authorised signatories must sign on behalf of the SIPP provider as our client;
- Instructions in respect of the portfolio must be given to us in writing and be signed in accordance with the authorities specified in writing to us;
- Please attach a list of Authorised Signatories;
- Please make cheques payable to RC Brown Client Money Account;
- The effective date of this Agreement will be notified to you as part of the initial valuation.

**Head Office:**

1 The Square, Temple Quay, Bristol BS1 6DG

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