

## Off platform trades



## For adviser use only.

To complete this form Adobe Reader is required.

| Section 1 - Client   |                                  |  |  |  |  |  |
|--|----------------------------------|--|--|--|--|--|
| Find Plan Number: WRAP Platform > Client > Charges > Charge Schedule > Select SIPP   |                                  |  |  |  |  |  |
| Plan num   | ber D D                          |  |  |  |  |  |
| Title  |                                  |  |  |  |  |  |
| Full name  |                                  |  |  |  |  |  |
| Client Na  | tionality                        |  |  |  |  |  |
| Please make sure there is enough money in the bank account to cover your trade request. Sufficient funds should also be made available for ongoing charges and drawdown payments once the investment has been made.  Please see the WRAP48 - Wrap Charges Guide for the applicable off platform charges.  This can be found at abran.com/en-gb/platform-adviser. |                                  |  |  |  |  |  |
| Section 2  | - Type of Investment             |  |  |  |  |  |
|  | Structured Product               |  |  |  |  |  |
|  | External Bank Account (EBA)      |  |  |  |  |  |
|  | Trustee Investment Plan          |  |  |  |  |  |
|  | Discretionary Fund Manager (DFM) |  |  |  |  |  |
|  | Other (give details)             |  |  |  |  |  |
|  |                                  |  |  |  |  |  |

| Section 3a - Investments   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Investment Amount  | £  |  |  |  |  |  |
| Investment Company   |  |  |  |  |  |  |
| Investment Name  |  |  |  |  |  |  |
| If EBA what is the minimum rate you will accept?   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| (Rates offered by EBA can change and we will asl   | < them for the rate you specify or to halt processing if it is not |  |  |  |  |  |
| available, if no rate is specified then you will get the rate they are currently offering.)  |  |  |  |  |  |  |
| As these investments are held off platform with another company it can take longer for the monies to be returned. We will not chase these companies until 2 weeks has passed from the date we issue them with our request. |  |  |  |  |  |  |
| Please contact the Investment Provider directly to ensure that Regular Withdrawals are allowed and what their requirements are.  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Section 3b - Disinvestments  |  |  |  |  |  |  |
| Section 3b - Disinvestments  Disinvestment Amount  | £  |  |  |  |  |  |
|  | £  |  |  |  |  |  |
| Disinvestment Amount   | £  |  |  |  |  |  |
| Disinvestment Amount Investment Company  | £ No No  |  |  |  |  |  |
| Disinvestment Amount Investment Company Investment Name  |  |  |  |  |  |  |
| Disinvestment Amount Investment Company Investment Name  |  |  |  |  |  |  |
| Disinvestment Amount Investment Company Investment Name Is this disinvestment on Maturity?   |  |  |  |  |  |  |
| Disinvestment Amount Investment Company Investment Name Is this disinvestment on Maturity?  Section 3c - Regular Withdrawals   |  |  |  |  |  |  |
| Disinvestment Amount Investment Company Investment Name Is this disinvestment on Maturity?  Section 3c - Regular Withdrawals Investment Name   | Yes No   |  |  |  |  |  |

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| Section 4 – Additional I  | nformation  |   |                            |  |                    |                |  |  |
|---|---|---|----------------------------|--|--------------------|----------------|--|--|
| Has Advice been give  | n?¹   | Yes N   | No                         |  |                    |                |  |  |
| Is client aware of the F<br>(Required for EBA and                                     |   | Yes N   | No _                       |  |                    |                |  |  |
| Has application form I  | oeen attached?²   | Yes N   | No                         |  |                    |                |  |  |
| Have you provided AM  | L documents if required? <sup>2</sup>   | Yes N   | No                         |  |                    |                |  |  |
| <sup>2</sup> If the application forms or AML doo<br>Please only complete investment i | ne external provider requires this we will<br>cuments have not been attached and the<br>nformation, client details and adviser de<br>orm should be sent directly to the DFM c | ne external provider<br>tails on the applicat | r requires t<br>tion form, | hese this could ho<br>we will complete t | ld up the investme | nt being made. |  |  |
| Section 5 - Comments  |   |   |                            |  |                    |                |  |  |
|   | tional relevant information<br>an one instruction add the   |   |                            |  |                    |                |  |  |
|   |   |   |                            |  |                    |                |  |  |
|   |   |   |                            |  |                    |                |  |  |
|   |   |   |                            |  |                    |                |  |  |
|   |   |   |                            |  |                    |                |  |  |
|   |   |   |                            |  |                    |                |  |  |
|   |   |   |                            |  |                    |                |  |  |
|   |   |   |                            |  |                    |                |  |  |
|   |   |   |                            |  |                    |                |  |  |
| Section 6 - Adviser Details (All fields required)                                     |   |   |                            |  |                    |                |  |  |
| l confirm I have read a   | nd understood the notes, c  | aveats and c                                  | declara                    | ations preser                            | nt in this form    | ١.             |  |  |
| Full name   |   |   |                            |  |                    |                |  |  |
| Email<br>(Work email address only)  |   |   |                            |  |                    |                |  |  |
| Telephone   |   |   |                            |  |                    |                |  |  |
| Date<br>(DD/MM/YYYY)  |   |   |                            |  |                    |                |  |  |
| Signed<br>(Not required if uploaded<br>to Platform)                                   | Х   |   |                            |  | Signature          | (s) required   |  |  |

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- 1. Before adding a digital signature (if applicable), click 'Submit' button below to create email.
- 2. Upload the completed form to Platform > Client > Document Library and send email.
- 3. We will contact you using the email supplied in this form if we require any additional information and to confirm the instruction has been processed.



Filename must not contain special characters or capital letters and be restricted in length.

If email does not auto-generate after clicking Submit button, please send email manually (with plan number in subject line) to SIPPServ\_Trades@Standardlife.com

**Submit** 

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