

# Change of Adviser Form

## 01. INTRODUCTION

This Change of Adviser form should be completed by the Member and, where applicable, the Financial/Investment Adviser. It should be returned in conjunction with any other documentation required by the Investment company.

Please ensure that all sections are completed. Failure to provide all relevant information and supporting documentation may result in a delay in the instruction being processed.

## 02. MEMBER DETAILS

|                                |               |               |
|--------------------------------|---------------|---------------|
| Surname                        | Full Forename | Date of Birth |
| Underlying Investment Platform | Plan Number   |               |

### 03. NEW FINANCIAL ADVISER DETAILS

I confirm I wish to appoint the following Firm as my appointed Financial Adviser, subject to the Trustee's approval.

|  |  |
|--|--|
| Company Name                           | Adviser's Name                           |
| Regulator                              | Licence Number                           |
| Adviser Email Address                  | Telephone Number                         |
| Additional Email Address (if required) |  |
| Business Address                       | Registered Office Address (if different) |

#### FINANCIAL ADVISER DECLARATION

**We confirm that:**

In relation to the services and advice provided by us to this Member of the Momentum Malta Retirement Scheme ("Scheme"), we will act in accordance with the terms of business agreement in place, as amended or replaced from time to time, between us and Momentum Pensions Malta Limited.

We are suitably authorised and licensed to provide financial advice and meet the licensing and regulatory requirements of the jurisdiction where we are established and in the country where the advice is being provided.

In the event that our licensing, authorisation or regulatory status changes at any time and/or if the Member, after being accepted to the Scheme, changes residential jurisdiction and we are no longer suitability licensed or authorised/regulated to provide ongoing financial advice, we will immediately notify the Individual Member and Momentum Pensions Malta Limited and will cease to provide advice to the Member.

All fees for our services have been disclosed and agreed to by the Member and are fully disclosed in the Fee and Commission Disclosure in Section 5 of this Form.

|                |                     |
|----------------|---------------------|
| Adviser's Name | Adviser's Signature |
| Date           |                     |

#### 04. a) NEW INVESTMENT ADVISER DETAILS FOR INSURANCE POLICIES

*This section should only be completed if investments are held through an insurance policy. Section 04b should also be completed.*

I confirm I wish to appoint the following Firm as my Investment Adviser, in relation to my insurance policy, subject to the Trustee's approval.

Same as Financial Adviser

Company Name

Investment Adviser

Regulator

Licence Number

Email Address

Telephone Number

Business Address

Registered Office Address (if different)

#### INVESTMENT ADVISER DECLARATION

##### We confirm that:

In relation to the services and advice provided by us to this Member of the Scheme, we will act in accordance with the terms of business agreement in place, as amended or replaced from time to time, between us and Momentum Pensions Malta Limited.

We are suitably licensed, authorised and regulated in the jurisdiction where the firm is established to provide investment advice as provided under the Pension Rules issued by the Malta Financial Services Authority in respect of investment advice for Members of a Personal Retirement Scheme licensed in Malta.

We are authorised and regulated to provide such investment advice in the jurisdiction in which the advice is being provided to the Member.

In the event that our licensing, authorisation or regulatory status changes at any time and/or if the Member, after being accepted to the Scheme, changes residential jurisdiction in which the advice is being provided and we are no longer suitability licensed or authorised/regulated to provide ongoing investment advice, we will immediately notify the Individual Member and Momentum Pensions Malta Limited and will cease to provide investment advice to the Member.

All investment advice and recommendations given to the Member will be in line with the Member's risk profile and the Investment Guidelines - QROPS issued by Momentum Pensions Malta Limited as varied from time to time (and available on the Momentum website) and any regulations issued by the Malta Financial Services Authority in respect of investment advice and pension assets. Furthermore, we confirm that the Momentum Trust Fees as detailed in the Fee Schedule in the Momentum Malta Retirement Trust Scheme Particulars, has been fully disclosed to the Member.

All investment related Fees, including fees for our investment advisory services and/or any commissions payable to our Firm, have been fully disclosed to the Member and are reflected in section 5 of this Form.

Before providing any investment advice or recommendations, we will ensure that any legal requirement imposed on the promoter of an investment or investment adviser, regarding any contractual requirement or any client classification rules imposed under law or regulation in the Jurisdiction of the product manufacturer/fund manager and/or under the Member's current jurisdiction at the time of promotion and/or investment have been met.

Adviser's Name

Adviser's Signature

Date

**The investment company may require the Adviser to sign their specific form too, therefore kindly ensure this is also returned to Momentum for counter signing in order for the change in agency to take effect.**

#### 04. b) NEW INVESTMENT ADVISER DETAILS FOR UNDERLYING INVESTMENTS AND PLATFORMS

*This section should only be completed in relation to the investment advice on the underlying investments held within an insurance policy or where investments are held through a platform.*

I confirm I wish to appoint the following Firm as my appointed Investment Adviser, subject to the Trustee's approval.

Same as above appointed Investment Adviser in Section 04a

Same as Financial Adviser (platform only)

Company Name

Investment Adviser

Regulator

Licence Number

Email Address

Telephone Number

Business Address

Registered Office Address (if different)

#### INVESTMENT ADVISER DECLARATION

##### We confirm that:

In relation to the services and advice provided by us to this Member of the Scheme, we will act in accordance with the terms of business agreement in place, as amended or replaced from time to time, between us and Momentum Pensions Malta Limited.

We are suitably licensed, authorised and regulated in the jurisdiction where the firm is established to provide investment advice as provided under the Pension Rules issued by the Malta Financial Services Authority in respect of investment advice for Members of a Personal Retirement Scheme licensed in Malta.

We are authorised and regulated to provide such investment advice in the jurisdiction in which the advice is being provided to the Member.

In the event that our licensing, authorisation or regulatory status changes at any time and/or if the Member, after being accepted to the Scheme, changes residential jurisdiction in which the advice is being provided and we are no longer suitability licensed or authorised/regulated to provide ongoing investment advice, we will immediately notify the Individual Member and Momentum Pensions Malta Limited and will cease to provide investment advice to the Member.

All investment advice and recommendations given to the Member will be in line with the Member's risk profile and the Investment Guidelines - QROPS issued by Momentum Pensions Malta Limited as varied from time to time (and available on the Momentum website) and any regulations issued by the Malta Financial Services Authority in respect of investment advice and pension assets. Furthermore, we confirm that the Momentum Trust Fees as detailed in the Fee Schedule in the Momentum Malta Retirement Trust Scheme Particulars, has been fully disclosed to the Member.

All investment related Fees, including fees for our investment advisory services and/or any commissions payable to our Firm, have been fully disclosed to the Member and are reflected in section 5 of this Form.

Before providing any investment advice or recommendations, we will ensure that any legal requirement imposed on the promoter of an investment or investment adviser, regarding any contractual requirement or any client classification rules imposed under law or regulation in the Jurisdiction of the product manufacturer/fund manager and/or under the Member's current jurisdiction at the time of promotion and/or investment have been met.

Adviser's Name

Adviser's Signature

Date

**The investment company may require the Adviser to sign their specific form too, therefore kindly ensure this is also returned to Momentum for counter signing in order for the change in agency to take effect.**

# Appointment of an Investment Manager (Discretionary Fund Manager)

## INVESTMENT MANAGER DETAILS

I confirm that I wish to appoint the following Discretionary Fund Manager, to manage my Scheme Investments on my behalf, on a discretionary basis, subject to Trustee approval.

Company Name

Investment Manager Contact

Email Address

Telephone Number

Business Address

Registered Office Address (if different)

Name

Signature

Date

## NOTES

- Momentum can only accept the appointment of an Investment Manager which is on our Approved Discretionary Fund Manager list.
- The Investment Company may require the Discretionary Fund Manager to sign their specific form too, therefore kindly ensure that this is also returned to Momentum in order for the appointment to take effect.

## 05. FEE AND COMMISSION DISCLOSURE

This section must be completed by the Investment Adviser in conjunction with the Member and must provide a full disclosure of all costs, fees and commissions payable.

### 1. Adviser Fees

This section should detail fees which are payable to your Financial and/or Investment Adviser in respect of their services to you.

|                              |                       |           |
|------------------------------|-----------------------|-----------|
| Initial Adviser set-up fee:* | Ongoing Adviser fee:* | per annum |
|------------------------------|-----------------------|-----------|

*\*This relates to Adviser fees deducted directly from the transfers received or underlying investment and paid to the Adviser directly by Momentum Pensions or the investment provider.*

### 2. Adviser Commissions

The following should disclose all Adviser commissions or fees (where not outlined in section 1) payable out of the above Investment Company Fee and/or from DFM Fees or by any other separate agreement.

|                            |            |                     |             |
|----------------------------|------------|---------------------|-------------|
| Initial Adviser Commission | % of Total | Ongoing Commission: | % per annum |
|----------------------------|------------|---------------------|-------------|

## 06. MEMBER DECLARATION

I confirm I wish to appoint the Firm(s) as indicated in Section 03 and/or Section 04 of this Form and confirm my agreement to payment of the Fees and commissions as detailed in Section 05.

|               |                    |
|---------------|--------------------|
| Member's Name | Member's Signature |
| Date          |                    |