



Sovereign Pension Services Limited

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**DISCRETIONARY FUND MANAGER
APPOINTMENT FORM**

Please complete this form if you wish to appoint a Discretionary Fund Manager ('DFM'), to be approved by the Retirement Scheme Administrator ('RSA'), to manage your investments on a discretionary basis within your member's account in a retirement benefit scheme provided by Sovereign Pension Services Limited.

Please return the form to the above address or alternatively signed with an acceptable electronic signature (e.g. DocuSign, Adobe Sign) accompanied by the respective digital certificate of completion.

Scheme name: _____ ("the Scheme")

Member's title: _____ Member's full name: _____

Membership number (if known): _____

I wish to appoint the following entity to manage the investments in my member's account within the Scheme on a discretionary basis:

DFM's company name: _____

Contact person: _____

Address: _____

Email address: _____

Regulator's name: _____

Regulatory number: _____

Amount to be invested via the DFM: _____

Currency of investment: ☐ GBP (£) ☐ EUR (€) ☐ USD (\$) ☐ Other (please specify) _____

I understand that my appointed DFM will be entitled to manage the investments without prior reference to me and that the RSA has no liability for any resultant loss to the value of the pension due to my appointment of the above DFM. Furthermore, I hereby indemnify the RSA against all losses, claims, costs, charges, penalties, liabilities, actions and demands which it may suffer or incur pursuant to my appointment of the above DFM.

This appointment will remain in force unless I notify the RSA in writing of any change.

I confirm that the RSA may provide the above named DFM with any information or assistance as may be required without referring the request to me in the first instance.

I understand that all the other declarations made in the application form to join the Scheme remain applicable, valid and binding.

Member-borne Charges

DFM's Annual management charge (AMC): _____ (%)

Initial commission payable to my appointed financial/investment adviser by the DFM: _____ (%)

Details of all other fees payable to my appointed financial/investment adviser in respect of this DFM appointment:

DFM's forecast Ongoing Charges Fee ('OCF')/Total Expense Ratio ('TER'): _____

This is the estimated annual running cost charged to the Member for the discretionary investment mandate. These fees may change from year to year and will impact the performance of any investment.

I confirm that I fully understand all the fees payable to my appointed DFM.

I also confirm that I have been provided with, and fully understand, all the fees and charges payable on the underlying investments and any ongoing fees/trail commission payable to my appointed financial/investment adviser, where applicable, by my appointed DFM.

Member's signature: _____

Member's full name: _____

Date: ____ / ____ / ____