Financial Intermediary Use Only

Office Details

Location Code RSP Code SOFAC Package

____ SOFAC ____

*Please note that the SOFAC package needs to be set-up prior to account opening and should be inclusive of the introducer fees stated overleaf (where relevant). Should you require any assistance with this set up, please contact your Relationship Manager.

Client Details

Client Name

Existing Account Reference RK

Introducer Use Only

Please return original completed and signed form to your Financial Intermediary.

Introducing Firm's details

Name of Introducing Firm

Address line 1

Address line 2

Address line 3

City/Town

Postcode

Country

Primary contact telephone number

Email address

FCA registered number

Introducer's name (Financial Adviser)

Client's expected value of initial investment

Declaration by Signatories to the Raymond James Account

Note: For the purpose of this document my Financial Adviser is referred to as the 'Introducer'

I/We understand:

- That the purpose of this form is to instruct Raymond James to facilitate the payment of fees (if any) indicated on this form to the Introducer from my/our Raymond James Account(s).
- That any payment facilitated by Raymond James in accordance with this form is for advisory and/or related services provided to us by the Introducer.
- I/We also give Raymond James authority to discuss my Raymond James accounts and share information relating to the same with the Introducer.

Please select A, B, C, D or E:

Either	А	% of my/our initial investment/existing portfolio value*					
or	B my/our acc	% of my/our initial investment* and % per annum, deducted monthly/quarterly in arrears from Int					
or	С	% per annum, deducted monthly/quarterly in arrears from my/our account					
or	D**						
or	E	No Introducer fee to be levied					

* This amount is to be deducted from my/our account(s) before any monies are invested.

** For other combinations, please clearly state the type, amount/percentage and frequency of payment

Important note: Raymond James does not facilitate Adviser charging from an Offshore Bond Portfolio.

Account Owner 1

Full name Please print

Capacity	Account Owner	or state capacity in which you are acting	l			
Signature	X Please sign here		Date	DD	MM	үүүү
Account Owner 2 Full name Please print						
Capacity	Account Owner	or state capacity in which you are acting	:			
Signature	X Please sign here		Date	DD	MM	YYYY

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