**Third Party SIPP – Terms Agreement**

We have been provided with the YOUR Platform Terms and Conditions.

I confirm that we agree to these terms as trustees of the following SIPP and agree to the opening of a YOUR Platform account within the plan.

|  |  |
| --- | --- |
| Provider Name |  |
| Scheme Name |  |
| Plan Reference Number |  |

Signed on behalf of the trustees:

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |