

## Instructions for completing this form

Please complete:

- Part A and
- EITHER Part B (if you want a new Adviser appointed) OR Part C (if you only want policy information provided to a new Adviser)
- Your Adviser should complete Part D
- Please sign Part E

## Part A – Policyholder(s) details

Policyholder 1 Name :	<input type="text"/>	Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Policyholder 2 Name :	<input type="text"/>	Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address :	<input type="text"/>	Postcode :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact Tel. No. :	<input type="text"/> OPTIONAL	Mobile No. :	<input type="text"/> OPTIONAL
Email address :	<input type="text"/> OPTIONAL		

**This Letter of Authority covers (please indicate either All policies or Specific policies as appropriate):**

All policies :	<input type="checkbox"/>	Please provide at least one policy number :	<input type="text"/>
Specific policies only :	<input type="checkbox"/>	Please provide all policy numbers :	<input type="text"/>
			<input type="text"/>
			<input type="text"/>
To (enter name of Product Provider) :	<input type="text"/>		

I/we authorise/appoint the Adviser detailed in Part D to have access to the policies covered by this Letter of Authority.  
This Letter of Authority will remain in place until I/we cancel it in writing.

## Part B – Appointment of a new Adviser

I/we understand that this will involve the ongoing authority for all plans covered by this document for my/our new Adviser to:

- obtain policy information and request the transfer of servicing rights;
- be responsible for giving financial advice.

I/we further instruct that any remuneration payable under my/our policies to my/our new and previous Advisers should be as detailed below:

### Ongoing Adviser Commission (Renewal/Trail)

I/we confirm the transfer of any renewal/trail commission to my/our new Adviser and they have explained the ongoing services that will be provided in return for this payment.

I/we confirm that any renewal/trail commission should stop.

**(If you do not tick any box the renewal/trail commission will be stopped. If there is no existing ongoing commission this should be left blank.)**

**Please note that some Product Providers may not be able to carry out your instructions.**

**If protection only business, please go direct to Part D. If any of your policies have Adviser Charging please continue overleaf.**

Part B cont. ....

**Outstanding Initial Adviser Charges**

Please select one of the following options if Initial Adviser Charges are still due to your previous Adviser and are being paid for from your policy(cies):

Outstanding Initial Adviser Charges due to my/our previous Adviser will continue to be paid (some Product Providers may not support this option).

Outstanding Initial Adviser Charges to my/our previous Adviser will be stopped. (If you no longer plan on paying for charges in this way you will need to contact your previous Adviser to discuss settling any outstanding charges due to them. You should discuss the legal implications of this action with your new and previous Adviser.)

**Ongoing Adviser Charges**

Ongoing Adviser Charges (deducted from my/our policies) to be paid to my/our new Adviser are to remain at the same level and frequency as those paid to my/our previous Adviser. The current level of Ongoing Adviser Charges have been fully discussed and agreed with my/our new Adviser.

Ongoing Adviser Charges (deducted from my/our policies) to be paid to my/our new Adviser are to be paid at a different level. (The current Adviser Charge will stop and be replaced with a new charge which you will need to advise your Product Provider(s) about separately by submitting a new Adviser Charge Agreement for their attention.)

**Note to Adviser :** Any change in Ongoing Adviser Charges to those paid to the previous Adviser will need to be disclosed and advised by submitting a new Adviser Charge Agreement to the Product Provider(s) separately. Some Product Providers will require a new Adviser Charge Agreement even if the level of charge is not changing.

These instructions will apply where applicable to all policies indicated in this Letter of Authority form.

**Part C – Authorisation to provide new Adviser access to policy information only**

Please provide general policy information only :

Please provide full access to all policy information (including Adviser Charge and remuneration from this date forward) :

These instructions will apply to all policies indicated in this Letter of Authority form.

**Part D – Adviser information (to be completed by your new Adviser)**

Adviser firm name :	<input type="text"/>	Adviser name :	<input type="text"/>
Your Agency Code :	<input type="text"/>	FRN Reference :	<input type="text"/>
Email address :	<input type="text"/>	Tel. No. :	<input type="text"/>

**Part E – Your signature(s)**

Signatures of all policyholders (including grantee(s), assignee(s), trustee(s) where appropriate) :

Signature :	<input type="text"/>	Name :	<input type="text"/>	Date :	<input type="text"/>	Role :	<input type="text"/>
Signature :	<input type="text"/>	Name :	<input type="text"/>	Date :	<input type="text"/>	Role :	<input type="text"/>
Signature :	<input type="text"/>	Name :	<input type="text"/>	Date :	<input type="text"/>	Role :	<input type="text"/>
Signature :	<input type="text"/>	Name :	<input type="text"/>	Date :	<input type="text"/>	Role :	<input type="text"/>