



Letter of Authority/Change of Agent Form

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)

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

(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.

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

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

Adviser firm name :

Adviser name :

Your Agency Code :

FRN Reference :

Email address :

Tel. No. :

Part E – Your signature(s)

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

Signature : Name : Date : Role :

Signature : Name : Date : Role :