



Individual 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) details

Policyholder 1 Name : Date of Birth : / /

Policyholder 2 Name : Date of Birth : / /

Address : Postcode :

NI Number:

Contact Tel. No. : Mobile No. :

Email address :

To (enter name of Product Provider) :

Scheme Number:	Scheme/Provider Address:
Member/Plan Number:	

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

Would you please accept this letter as my / our authority to transfer, with immediate effect, all on going servicing rights for the above numbered policy(s) and all other policy's I hold with you to Pensionhelp Limited (FCA ref. no.754665)

Information for the adviser should be sent to:

Pensionhelp Ltd, 8 St John Street, Manchester, M3 4DU

Please note that all future renewal / ongoing fee should be paid to Pensionhelp Limited for the credit of the new servicing adviser.

I / we accept and confirm that the responsibility for any advice given prior to this servicing transfer must remain with the provider and / or the original adviser(s).

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:

Pensionhelp Ltd

Adviser name :

Your Agency Code:

FRN Reference :

754665

Email address:

o.uk

Tel. No. :

0161 956 2328

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 :

Signature : Name : Date : Role :

Signature : Name : : Date : Role :