



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) to Pensionhelp Limited (FCA ref. no.754665)

Information for the adviser should be sent to:

Pensionhelp Ltd, Lloyds House, 18-22 Lloyd Street, Manchester M2 5WA

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 :	<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"/>