

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 :			Birth :	/	/			
Policyholder 2 Name :		Date of	Birth :	/	/			
Address :		Postcode :						
Addicas .		Tostcode .						
			NI Number:					
Contact Tel. No. :		Mobile No. :						
Email address :								
To (enter name of Product Provider):								
To (cited name of Froduct Former).								
	Scheme Number:		Scheme/Provider Address	<u> </u>				
	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, 5-7 Byrom Street, Manchester, M3 4PF

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.

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

riease provide general policy illiorination 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:		Tel. No. :	0161 537 3270							
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 :							

Pensionhelp Direct is a trading style of Pensionhelp Ltd. Pensionhelp Ltd has Chartered Financial Planner status. Pensionhelp Direct, 8 St John Street, Manchester, M3 4DU. T: 0161 537 3270.

W: www.pensionhelpdirect.co.uk

Pensionhelp Ltd is authorised and regulated by the Financial Conduct Authority.

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