

# 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 :	/	1						
Address :		Postcod	Postcode :								
			NI Number:								
		na-li-ti-t									
Contact Tel. No. :		Mobile I	No. :								
Email address	5:										
To (output years of Dundrich Dundrides)											
To (enter name of Product Provider):											
	Scheme Number:		Scheme/Provider Addres	e·							
	Member/Plan Number:		Scheme/Frovider Address	3.							
	Member/Fran Minber.										
I/we authoris	e/appoint the Adviser detailed in Part D to have access to	the policies co	overed by this Letter of Auth	nority.							
	e/appoint the Adviser detailed in Part D to have access to Authority will remain in place until I/we cancel it in writin		overed by this Letter of Auth	nority.							

### 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, 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.

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

Please provide general policy in	formation only :								
Please provide full access to all	policy information (including Adviser Char	ge and remuneration from this d	ate forward) :						
These instructions will apply to	all policies indicated in this Letter of Aut	chority form.							
Part D – Adviser information (to be completed by your new Adviser)									
Adviser firm name: Pensionhelp Ltd		Adviser name :	Adviser name :						
Your Agency Code:		FRN Reference :	754665						
Email address:		Tel. No. :	0161 537 3270						
Part E – Your signatu	ire(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, Lloyds House, 18-22 Lloyd Street, Manchester, M2 5WA. T: 0161 537 3270.

W: www.pensionhelpdirect.co.uk

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

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