



If you have any questions about this form, please call us on **0344 335 8936** between 8:30am and 5:30pm Monday to Friday. For your security and to improve the quality of our service, we may record and monitor telephone calls.

If this is a new adviser, please complete Part 3b, otherwise please go to Part 5.

Part 3 – Change of existing adviser

3A. REASON FOR REQUEST

Please tick the box next to the reason for your request

Change of adviser (complete Part 3b) ☐

Release of information (complete Part 3b) ☐

Removal of adviser (complete Part 3c) ☐

3B. DETAILS OF YOUR NEW ADVISER

Adviser name

Company name

Company address
Postcode

IRN

FRN

3C. DETAILS OF ADVISER TO BE REMOVED

Adviser name

Company name

IRN

FRN

Please tick the box if commission is due to your new adviser ☐

If ongoing adviser charging is payable please complete the Ongoing Adviser Charging part of this form. If this part is not completed and returned to us the ongoing advisor charging will not be set-up.

Part 4 – Adviser charge instruction

Where Adviser Charges are being paid and you have changed your adviser, please confirm if Adviser Charges should continue at the existing level, stop, or if existing instructions are to be amended (please tick ONE box only).

Set-up ☐ Continue ☐ Amend ☐ Stop ☐

If you want to amend Adviser Charges, please go to Part 5.

Part 5 – Ongoing Adviser Charge

Please indicate how you would like the Adviser Charges agreed for ongoing advice to be made. Select ONE option only.

% p.a. of your plan value OR £ a fixed monetary amount each year.

If Ongoing Adviser Charges are requested as a percentage of the full value of your plan, the total amount of Ongoing Adviser Charge will automatically increase if any additional premiums are paid into the plan.

Ongoing Adviser Charges to be deducted once every (please tick **ONE** box only).

Monthly ☐ 3 months ☐ 6 months ☐ 12 months ☐

Date you wish Ongoing Adviser Charges to start

Ongoing Adviser Charges will be calculated and deducted proportionately across all eligible funds.

Part 6 – Declaration

Would you please accept this completed form as my authority to carry out the action indicated in Part 3a above with immediate effect.

I/We confirm that I/we are receiving financial advice from the above named company (Part 3b).

I/We accept and confirm that the responsibility for any advice given prior to this servicing transfer must remain with that adviser.

Full name – first investor

Signature Date

Full name – second investor (if applicable)

Signature Date

Part 7 – Adviser details (only to be completed by a financial adviser if required)

An adviser may instruct us by completing this section **only if they are stopping or decreasing the amount of adviser charge.**

If you are **decreasing** the adviser charges, please complete the following % or £ decrease

If you are **stopping** the adviser charge, please tick here ☐

Adviser name

Company name

IRN FRN