

Letter of Authority/ Change of Agent v2

Adviser Firm Details (to be completed by your new Adviser)	Policy Holder Details
Date:	Policy Holder 1 Name:
Adviser Firm Name: Skerritt Consultants Ltd.	DoB (dd/mm/yyyy):
Address: 23 Coleridge Street, Hove, East Sussex	National Insurance number.....
Postcode: BN3 5AB	Policy Holder 2 Name:
Tel No.: 01273 204999	DoB (dd/mm/yyyy):
Email Address:	National Insurance number.....
Your Agency Code:	Address:
FCA Registration Number: 163291

Note to Adviser: On submitting this form to Providers, you agree to indemnify the Providers should information be released or remuneration be paid which you are not entitled to.	Postcode:.....
	Contact Tel No.: (optional).....
	Mobile No.: (optional).....
	Email Address: (optional).....

To: (Enter Name of Product Provider):.....

Type of Policy (please complete): Pension/Life/Bond/Other:

I/We Authorise/Appoint: Skerritt Consultants Ltd.

Instructions: Please tick and complete Part A if requesting policy information only. OR Please tick and complete Part B if requesting appointment of a new Financial Adviser.	
Letter of Authority / Change of Agent: Part A - Request for policy information only	
<p align="center">LoA Part A</p> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> <p>To obtain policy Information only. This will entitle your Adviser to receive information on policies identified below in Parts C or D.</p>	<p>Please specify the type(s) of information required by selecting either one or both options below as required. If both boxes are left blank your instruction may be delayed.</p> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 10px 0;"></div> <p>Ticking this box will enable your Adviser to receive general policy information.</p> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 10px 0;"></div> <p>Ticking this box will enable your Adviser to receive Adviser Charges and Commission information due from this date forward.</p>

Note: This authority will remain in place until I/we cancel it in writing.

Letter of Authority / Change of Agent: Part B - Request for appointment of a new Financial Adviser

LoA Part B

In respect to all policies detailed below in Parts C or D, I/we understand that this will involve the ongoing authority for my/our new Adviser to:

- obtain policy information and request the transfer of servicing rights;
- be responsible for giving financial advice;
- provide ongoing servicing in respect to all policies detailed below in Parts C or D.

This authority will remain in place until I/we cancel it in writing.

I/We further instruct that the payment of remuneration payable under my/our policies to my/our new and previous Financial Advisers should be as detailed below.

Adviser Commission (Renewal/Trail)

☐

I/We confirm the transfer of any ongoing commission to my/our new Adviser and they have explained the services that will be provided in return for this payment.

(Please note if this is not confirmed by ticking this box the renewal/trail commission will be stopped.)

Outstanding Initial Adviser Charges

(Please select one of the following when Initial Adviser Charges are still due to your previous Adviser and being paid for through your policy(cies):

☐

Outstanding Initial Adviser Charges to my/our previous Adviser will be stopped.

☐

Outstanding Initial Adviser Charges due to my/our previous Adviser will continue to be paid. (Some Product Providers may not support this option.)

(Please note that if you are no longer planning on paying for charges in this way you will need to contact your previous Adviser to discuss settling any outstanding charges. Please also discuss the legal implications of this action with your new and previous Adviser.)

Ongoing Adviser Charges

Any Ongoing Adviser Charges (deducted from my/our policies and) paid to my/our previous Adviser will be stopped.

(Please tick the box below if the following statement is true):

☐

Ongoing Adviser Charges (deducted from my/our policies) to be paid to my/our new Financial Adviser are to remain at the same level and frequency as those paid to my/our previous Adviser.

AND

The current level of Ongoing Adviser Charges have been fully discussed and agreed with my/our new Adviser.

Note to Adviser: Any variance in Ongoing Adviser Charges from those paid to the previous Adviser will need to be disclosed and advised separately. Please note that separate Policy Owner consent to apply revised Adviser Charges to policies will be required.

Please note that the above instructions will apply to all policies indicated in C or D below.

Please tick either Box C or Box D. (* Basic policy information may be sent or made available online to your new Financial Adviser on receipt of this Letter of Authority / Change of Agent.)

C*

Specific policy(cies) only - numbered as follows:///...../

D*

All of my/our policies. (Please provide at least one policy number as a reference):.....///...../

Signatures of all policy owners (inc. grantee(s), assignee(s) trustee(s) where appropriate):

Signature: Full Name: Role: Date:

Signature: Full Name: Role: Date: