

Change of Adviser for Standard Life

Adviser Firm Details

Name of Firm:

Address:

Post Code:

FCA Number:

Name of Adviser / Partner:

Email Address:

Phone No:

Network Details:

Note to Adviser:

On submitting this form, you agree to indemnify Standard Life should information be released to you, or remuneration be paid to you, which you are not entitled to.

Policyholder(s) Details

Policy Holder 1 Full Name:

Policy Holder 1 Date of Birth:

Policy Holder 1

National Insurance No:

Policy Holder 2 Full Name:

Policy Holder 2 Date of Birth:

Policy Holder 2

National Insurance No:

Address:

Post Code:

Policyholder(s) Details (Continued)

Previous Name (if changed):

Previous Address (if changed):

Previous Post Code
(if changed):

Email Address:

Phone No:

Please accept this letter as authority to appoint the above named firm as our new financial adviser, with full servicing rights, for the policies set out below. This will entitle the above named adviser firm to:

- Full access to any policy information required or requested
- To provide financial advice and service the policies on your behalf
- To obtain any future or on-going adviser charges or commission payments attaching to these policies

(Note to adviser: Any variation in the level of adviser charges or commission from that being paid previously will have to be disclosed and advised separately. To change the charges being applied, separate and explicit policyholder consent will be required.)

If you want any on-going commission payments or adviser charges to STOP – please check this box

This instruction will remain valid until further written notice from me and apply to:

All my policies with Standard Life (Please check if you want to transfer servicing rights on all policies held with Standard Life)

The specific policies listed below (Please check if you only want to transfer servicing rights for the policies specifically listed)

Policy References: (Note: Please always provide at least one policy number for reference and security purposes)

Signatures of all policyholders (includes Power of Attorney, Trustees, Assignees where appropriate)

Signature	<input type="text"/>	Full Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/>
Signature	<input type="text"/>	Full Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/>
Signature	<input type="text"/>	Full Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/>
Signature	<input type="text"/>	Full Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/>

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www.standardlife.co.uk

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