

Authorisation to appoint Clubfinance Ltd as agent

Please complete all the fields below in block capitals, using black or blue ink. Please remember to sign the form.

Title:	Surname:
Full forename(s):	
Address line 1:	
Address line 2:	
Address line 3:	
Post code:	
Telephone no.:	Date of birth:
Product provider:	
Customer numbers(s), product name(s) and policy/account number(s): (Please also list fund names or state 'ALL FUNDS')	

To the product provider

Please accept this instruction as confirmation that I wish to appoint Clubfinance Ltd, P.O. Box 1036, Hemel Hempstead, HP1 2WU, as the agent for my holdings stated above with you subject to the following.

I understand that Clubfinance Ltd does not accept liability for any potential clawbacks of commission already paid to the existing agent. If a product is still within such a clawback period this change of agent is effective from the end of the clawback period.

I authorise you to send them details of all my holdings.

Please appoint Clubfinance as my financial intermediary and transfer full servicing rights and any initial, renewal, or trail commission to their agency. I confirm that Clubfinance is acting for me on an execution-only basis.

Signature: _____ Date: _____

Second account holder if any (for joint accounts) *(joint holders also need to be Clubfinance clients)*

Full name:	
Telephone no.:	Date of birth:

Signature: _____ Date: _____

(second signature required if product/policy is jointly held)

For office use only.
