

INDIVIDUAL LETTER OF AUTHORITY/ CHANGE OF AGENT

HARGREAVES
LANSDOWN

Instructions for completing this form

Please complete:

- Part A
- Part B
- Your Adviser should complete Part C
- Please sign Part D

Part A – Policyholder(s) details

Policyholder 1 Name

Date of Birth:

Policyholder 2 Name

Date of Birth:

Address

NINO Client 1

NINO Client 2

Postcode

Contact Tel. No.

Mobile

Email address

To (enter name of product provider)

Hargreaves Lansdown

I/we authorise/appoint the Adviser detailed in Part C to have access to the policies covered by this Letter of Authority. This Letter of Authority will remain in place until I/we cancel it in writing.

Signature

Part B – Authorisation to provide new Adviser access to policy information only

Please provide full access to all policy information

Please provide specific account information only:

Stocks & Shares ISA

Junior ISA

Lifetime ISA

Fund & Share Account

SIPP

SIPP Income Drawdown

Active Savings

PMS ISA

PMS Main

PMS SIPP Income Drawdown

Other please specify

Part C – Adviser information (to be completed by your new Adviser)

Firm name

Solicitors

SRA Ref

Accountant

ICAEW Ref

Agency Code

FRN Reference

Email address

Tel. No.

Part D – Your signatures

Signatures of all policyholders (including grantee(s), assignee(s), trustee(s) where appropriate):

Signature

Name

Date

Signature

Name

Date