

POLICY / ACCOUNT SERVICING AUTHORITY

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|------------------------------|------------------------------|
| Client Name: | Client Name: |
| Date of Birth: | |
| NI NO: | |
| Client (s) Address: | |
| Post Code: | |

To Whom It May Concern

THIS LETTER AUTHORISES (THE PROVIDER) TO ;

- **RELEASE INFORMATION** (GIVES THE IFA RIGHTS TO INFORMATION)
- **TRANSFER SERVICING RIGHTS** (GIVES THE IFA RIGHTS TO RECEIVE
COMMISSION AND TO MAKE ADMINISTRATIVE
CHANGES TO POLICIES ON YOUR BEHALF)

I/We hereby give notice that H D CONSULTANTS ("Appointed Firm"), Registered Office: 109 Maldon Road, Colchester, Essex CO3 3AX (FSA 403701) will from this date be active, until further notice, as my/our Independent Financial Consultants on the policy/ies (or mortgage(s)) listed below.

Please therefore ensure that you amend your records, taking note that existing servicing, reviews and renewals will be undertaken by the aforesaid appointed Firm.

Policy servicing: I therefore request that with immediate effect, you transfer to the account(s) of my above named Brokers, all initial and renewal commission(s) due until the expiry/maturity of my policy, and that the commissions should be paid to H D Consultants, providing there is no increased cost to me, in consideration of them providing ongoing advice and service in respect of the same in accordance with the provisions of the Financial Services Act (1986), until further notice. There is also to be no commission clawback liability carried over or imposed upon H D Consultants, for any previous commissions which have been paid prior to this date to any other insurance agency or intermediary.

I also instruct you to send no further documents, notices or any other communications of any nature whatsoever to any other introductory agent who is no longer authorised to act on my behalf, and is therefore not entitled to receive any such privileged, confidential or private information.

Please note that any and all requested information should be forwarded to H D Consultants, at their Head Office address below.

Contract Type:

Contract Number/s:(AND ALL POLICIES HELD)

Provider Company name and Address: _____

AUTHORISED BY:

Client Name: Signature Date.....

Client Name: Signature Date.....

Name of Adviser:
 Independent Financial Consultant

Email address:@hdconsultants.net / co.uk (please delete)

**H D Consultants Head Office: 109 Maldon Road, Colchester, Essex, CO3 3AX
 Email: office@hdconsultants.net Tel: 01206 577 266 Fax : 08717 334 367**