

POLICY / ACCOUNT SERVICING AUTHORITY

Client Name(s): (1) _____ 2) _____

Date of Birth: (1) _____ NI No.....

(2) _____ NI No.....

Client(s) Address: _____

Post Code: _____

To Whom It May Concern

THIS LETTER AUTHORISES (Insurance / Mortgage / Investment Company) **TO ;**

- **RELEASE INFORMATION** (GIVES THE ADVISER RIGHTS TO INFORMATION)
- **TRANSFER SERVICING RIGHTS** (GIVES THE ADVISER 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"), 109 Maldon Road, Colchester, Essex, CO3 3AX (FSA 403701) will from this date be active, until further notice, as my/our Financial Consultants on the policy/ies, investment(s), insurance(s) and / or mortgage(s) as listed below.

Please therefore ensure that you amend your records, taking note that ongoing servicing and renewals will be now be undertaken by the aforesaid appointed firm. There is to be no commission clawback liability carried over, for any previous commissions paid prior to this date to any other insurance agency, intermediary, or firm, imposed upon H D Consultants.

For insurance / investment policies: Please provide a statement of benefits for the relevant policy/ies, indicating the commencement date, term, premium, current fund value and the amount and frequency of renewals. Please note that all future servicing renewal commissions should be paid to H D Consultants, providing there is no increased cost to the client.

For Mortgage Accounts: Please provide a current statement showing outstanding balance, and please confirm the term remaining, monthly payment, current interest rate which is applied, any redemption penalties currently applicable, and end date of any 'special offer' (e.g. fixed rate, tracker rate etc) which applies to this account, too.

Please note that this requested information should be forwarded to H D Consultants, providing there is no cost to the client for sending this data.

Contract Type:

Contract Number/s: _____

Provider Company: _____

Address: _____

SIGNED / AUTHORISED BY:

Client Name: SignatureDate.....

Client Name: SignatureDate.....

If applicable;

Trustee Name: SignatureDate.....

Trustee Name: SignatureDate.....

Name of Adviser:
Financial Consultant

Email address:@hdconsultants.net