

# Appointing or changing a financial adviser

# When to use this form

- This form allows you to notify us of the appointment of a new financial adviser, or to let us know about a change to your existing financial adviser's details for example, if they've recently retired.
- In authorising this change you are providing consent for the financial adviser specified to act on your instructions relating to the Zurich Assurance Ltd policy(s) outlined.
- This authority includes access to financial and policy information on the policy(s) you specify, and the ability to facilitate the administration of that policy(s) on your behalf, based on your instructions.
- If you originally purchased your policy without financial advice and wish to now appoint a financial adviser, the authority provided via this form will relate specifically to the provision of information over the phone, by post or email regarding the policy(s) you specify. It will not allow the newly appointed financial adviser to act on your instructions.
- In order to proceed with your instruction, we require all policyholder(s)/trust settlor(s) to sign the attached.

If you have any questions or need help completing this form, please contact us using the details provided at the end – we'll be happy to help.

Full name of person(s) providing authority	
Please provide your full name(s) in BLOCK CAPITALS:	
Full address(ss) of paragraphs providing outbouts	
Full address(es) of person(s) providing authority	
Please provide your full address(es) and post code(s) in BLOCK CAPITALS:	
Postcode	Postcode
Full name of the financial adviser appointed and their company name	

Please provide their full name and name of their company in BLOCK CAPITALS:

# Full company address of the financial adviser appointed Please provide the full company address and post code in BLOCK CAPITALS of the adviser named above: Postcode FCA reference number or agency number of financial adviser appointed Please provide the FCA reference or agency number of the financial adviser appointed (if known): Declaration I understand that in completing this form, any previously appointed financial adviser will be removed and replaced based on my new instruction. I understand this authority will remain in place until such time as I notify Zurich of a change to my instruction in writing. I understand that if I originally purchased my policy without advice from a financial adviser, the authority provided will relate to the provision of information over the phone, by post or email, but does not allow the financial adviser to act on my instructions. Zurich life assurance policies covered by this authority Please specify all policies for which you are providing your authority – if you wish to provide authority across ALL of your policies, simply write 'ALL' in the box below: Policyholder/trust settlor signature(s) of authority Policyholder/trust settlor name: Policyholder/trust settlor name: Signature: Signature:

Date:

Date:

# Returning this form

Please return all 3 pages of the completed form to us – you can either email us a scanned copy or send a hard copy in the post. Please make sure you use the correct email or postal address for your policy, as shown below.

If you'd prefer to use email, we'd always recommend you use a secure, encrypted service and retain an original copy of the signed document, just in case we need it in the future.

## If your policy begins with 'PR':



#### Email us at

life.service@uk.zurich.com



#### Call us on

0370 850 5682

Monday to Friday 8.30am to 5.30pm (except bank holidays). We may record or monitor calls to improve our service.



#### Write to us at

Zurich Assurance Ltd Protection Operations PO Box 4157 Swindon SN4 4QB

## If your policy doesn't begin with 'PR':



#### Email us at

loa@uk.zurich.com



#### Call us on

0370 333 1500

Monday to Friday 8.30am to 5.30pm (except bank holidays). We may record or monitor calls to improve our service.



#### Write to us at

Zurich Assurance – InForce Unity Place

1 Carfax Close

Swindon

SN11AP