



## FINANCIAL ADVISER CHANGES REQUEST

Please complete this form to notify us of any changes to your financial adviser, their authorisation and remuneration agreements. When completed, this form can be sent to [support@veritas-group.org](mailto:support@veritas-group.org) and should come from your current registered email address.

**Important Notice:** In line with our processes, on receipt of this instruction, we will make every effort to update your Account within 30 days of the instruction, however, we cannot guarantee that this will be effected within this time frame. If you are choosing to remove your financial adviser and not appoint a new one, we would like to remind you that we prefer that all Accounts have a financial adviser over their policy, and as such, strongly recommend a replacement is appointed as soon as possible.

### PART ONE: ACCOUNT DETAILS

Forename(s):	Surname:
email:	Account Number:
Phone Number:	

### PART TWO: INSTRUCTIONS REGARDING YOUR FINANCIAL ADVISER

**I would like to:**

**Make changes to the authorisation or remuneration of my current financial adviser**   
*Please complete Part Three and/or Part Four and Part Five of this form*

**Remove my current financial adviser and do not replace with another financial adviser**   
*Please complete Part Five of this form*

**Remove my current financial adviser and replace with the financial adviser noted below**   
*Please complete the details below, plus Parts Three, Four and Five of this form*

Adviser Firm Name:
Adviser Name:
Adviser Firm Address:
Adviser email:

### PART THREE: REMUNERATION AGREEMENT

No further fees or charges will be paid to your previous financial adviser from the point this instruction has been processed and confirmed back to you. Please also note we will not carry forward any instructions to pay your new adviser. If you wish for your financial adviser to be paid from your Account please confirm below:

#### INITIAL FEES

This fee will be charged on all amounts received into your account and paid to your financial adviser.

How are the charges to be applied	Amount
<input checked="" type="checkbox"/> Amortise charges over 10 years	Adviser Initial Fees (%):
<input checked="" type="checkbox"/> Deduct in full upon receipt of funds	

#### SERVICING/ONGOING FEES

This fee will be charged on the value of your account and paid quarterly in arrears to your financial adviser.

Amount

### PART FOUR: AUTHORITY FOR YOUR FINANCIAL ADVISER

Do you wish to grant your financial adviser discretionary authority to instruct on your account? This means that we will accept instructions from your financial adviser without requiring your signature. Full details on this authority are in the Declarations section in the application form or upon request.

YES  NO  (If this section is not complete, it will default to 'NO')

### PART FIVE: AUTHORISATION & DECLARATION

I hereby request that you effect the changes so instructed in this form with immediate effect. I understand that I may, in certain circumstances, be required to provide additional information to support this request.

Where this Account is held by joint account holders, please ensure that all joint account signatories sign this form.

#### Financial Adviser Declaration

I confirm that I have been appointed to act on behalf of the applicant(s) of this application in line with the Terms and Conditions of the product and prevailing Terms of Business with the relevant entities within Veri-Group, and will act accordingly within the parameters within these documents. All adviser charges, both in respect of Veri-Platform, and otherwise, have been disclosed and agreed and meet regulatory requirements. I accept that, at no point, initially or ongoing, does any entity within Veri-Group provide any financial advice and therein does not accept any liability for any of the advice which I provide.

Adviser Name:
Adviser Signature:
Date:

#### Account Holder(s) Declaration

I appoint this financial adviser to act in accordance with the authorisation levels set out above and agree to the adviser charges detailed herein.

Account Holder(s) Name:
Account Holder(s) Signature:
Date:
Joint Account Holder Name:
Joint Account Holder Signature:
Date: