

Guidance note for use of Origo Individual Letter of Authority / Change of Agent form

The Individual Letter of Authority / Change of Agent form contained in the following pages of this document (“the LOA Form”) is copyright of, and remains the intellectual property of, Origo Services Limited (“Origo”).

Use of the LOA Form, or any part thereof, signifies your acceptance of the terms and conditions of use of Origo's Agency Administration service (as available from https://agencyadmin.origoservices.com/TermsAndConditions/Agency_Admin_Terms_And_Conditions.pdf).

Origo, subject to the terms and conditions of use of its Agency Administration service, grants you a non-exclusive licence to use the LOA Form. Your licence permits:

- you to add your logo and/or branding to copies of the document you produce; and
- the reproduction and/or distribution of copies of this document, as amended to include your logo/branding, to your clients.

Please also note:

- The structure and content of this form has been agreed following wide consultation and should not be altered in any way – Origo will not be liable for any delays or costs incurred by you should you send an amended version of the LOA Form to product providers and/or platforms.
- This document is subject to version control and will be updated and re-published as appropriate - it is your responsibility to check for updates on a regular basis.

END OF GUIDANCE NOTE – LOA FORM COMPRISES THE NEXT 2 PAGES

Instructions for completing this form

Please complete:

- Part A and
- EITHER Part B (if you want a new Adviser appointed) OR Part C (if you only want policy information provided to a new Adviser)
- Your Adviser should complete Part D
- Please sign Part E

Part A – Policyholder(s) details

Policyholder 1 Name :	<input type="text"/>	Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Policyholder 2 Name :	<input type="text"/>	Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address :	<input type="text"/>		
	Postcode :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Contact Tel. No. :	<input type="text"/> OPTIONAL	Mobile No. :	<input type="text"/> OPTIONAL
Email address :	<input type="text"/> OPTIONAL		

This Letter of Authority covers (please indicate either All policies or Specific policies as appropriate):

All policies :	<input type="checkbox"/>	Please provide at least one policy number :	<input type="text"/>
Specific policies only :	<input type="checkbox"/>	Please provide all policy numbers :	<input type="text"/>
			<input type="text"/>
			<input type="text"/>
To (enter name of Product Provider) :	<input type="text"/>		

I/we authorise/appoint the Adviser detailed in Part D 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.

Part B – Appointment of a new Adviser

I/we understand that this will involve the ongoing authority for all plans covered by this document for my/our new Adviser to:

- obtain policy information and request the transfer of servicing rights;
- be responsible for giving financial advice.

I/we further instruct that any remuneration payable under my/our policies to my/our new and previous Advisers should be as detailed below:

Ongoing Adviser Commission (Renewal/Trail)

I/we confirm the transfer of any renewal/trail commission to my/our new Adviser and they have explained the ongoing services that will be provided in return for this payment.

I/we confirm that any renewal/trail commission should stop.

(If you do not tick any box the renewal/trail commission will be stopped. If there is no existing ongoing commission this should be left blank.)

Please note that some Product Providers may not be able to carry out your instructions.

If protection only business, please go direct to Part D. If any of your policies have Adviser Charging please continue overleaf.

Part B cont.

Outstanding Initial Adviser Charges

Please select one of the following options if Initial Adviser Charges are still due to your previous Adviser and are being paid for from your policy(cies):

Outstanding Initial Adviser Charges due to my/our previous Adviser will continue to be paid (some Product Providers may not support this option).

Outstanding Initial Adviser Charges to my/our previous Adviser will be stopped. (If you no longer plan on paying for charges in this way you will need to contact your previous Adviser to discuss settling any outstanding charges due to them. You should discuss the legal implications of this action with your new and previous Adviser.)

Ongoing Adviser Charges

Ongoing Adviser Charges (deducted from my/our policies) to be paid to my/our new Adviser are to remain at the same level and frequency as those paid to my/our previous Adviser. The current level of Ongoing Adviser Charges have been fully discussed and agreed with my/our new Adviser.

Ongoing Adviser Charges (deducted from my/our policies) to be paid to my/our new Adviser are to be paid at a different level. (The current Adviser Charge will stop and be replaced with a new charge which you will need to advise your Product Provider(s) about separately by submitting a new Adviser Charge Agreement for their attention.)

Note to Adviser : Any change in Ongoing Adviser Charges to those paid to the previous Adviser will need to be disclosed and advised by submitting a new Adviser Charge Agreement to the Product Provider(s) separately. Some Product Providers will require a new Adviser Charge Agreement even if the level of charge is not changing.

These instructions will apply where applicable to all policies indicated in this Letter of Authority form.

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

Please provide general policy information only :

Please provide full access to all policy information (including Adviser Charge and remuneration from this date forward) :

These instructions will apply to all policies indicated in this Letter of Authority form.

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

Adviser firm name :	<input type="text"/>	Adviser name :	<input type="text"/>
Your Agency Code :	<input type="text"/>	FRN Reference :	<input type="text"/>
Email address :	<input type="text"/>	Tel. No. :	<input type="text"/>

Part E – Your signature(s)

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

Signature :	<input type="text"/>	Name :	<input type="text"/>	Date :	<input type="text"/>	Role :	<input type="text"/>
Signature :	<input type="text"/>	Name :	<input type="text"/>	Date :	<input type="text"/>	Role :	<input type="text"/>
Signature :	<input type="text"/>	Name :	<input type="text"/>	Date :	<input type="text"/>	Role :	<input type="text"/>
Signature :	<input type="text"/>	Name :	<input type="text"/>	Date :	<input type="text"/>	Role :	<input type="text"/>

<p>Aegon Edinburgh Park 1 Lochside Crescent Edinburgh Midlothian EH12 9SE Email: Telephone:</p>	<p>Aviva PO Box 520 Norwich Norfolk NR1 3WG Email: Telephone:</p>
<p>Clerical Medical PO Box 28121 15 Dalkeith Road Edinburgh EH16 9AS Email: Telephone:</p>	<p>Legal & General Customer Services - FCT Dept City Park The Droveaway Hove, East Sussex BN3 7PY Email: Telephone: 03459 932 584</p>
<p>LV= Emperor House Grenadier Road Exeter Business Park Exeter EX1 3LH Email: lv.agency@lv.com Telephone: 0845 605 7958 option 1</p>	<p>Phoenix Wealth Servicing Team Winterthur Way Basingstoke RG21 6SZ Email: customerservices@phoenixwealth.co.uk Telephone:</p>
<p>Prudential Craigforth Stirling Stirlingshire FK9 4UE Email: Telephone:</p>	<p>Royal London (Pensions) Royal London House Alderley Road Wilmslow SK9 1PF Email: Telephone:</p>

Royal London (Protection)

1 Thistle Street
Edinburgh
EH2 1DG

Email:

Telephone:

Scottish Widows

PO Box 902
15 Dalkeith Road
Edinburgh
EH16 5BU

Email: commission.mailbox@scottishwidows.co.uk

Telephone: 08457 581 638

Standard Life

Adviser Accounts
Edinburgh
EH15 1ET

Email: info_commission@standardlife.com

Telephone: 0845 60 60 006

Zurich Assurance Ltd

Tricentre One
New Bridge Square
Swindon
Wiltshire
SN1 1EL

Email:

Telephone: