

Add, remove, or change a financial adviser or third party

If your personal circumstances mean you need any additional support, or if you'd like a large print, braille, or audio CD version of this document, please call 0345 608 1680 (call charges will vary) or visit aegon.co.uk/support.

What is this form for?

You can use this form to add or remove a financial adviser to service your product(s). You can also use this form to grant or remove authority to a financial adviser or third party to access information about your product(s).

How to complete the form

Please complete this form by typing in the boxes below, including the signature boxes and email it to clientsupport@arc.aegon.co.uk

Our email system and the way we deal with data internally is secure. However, we're unable to ensure the security of emails before they reach us. Please consider this when sending us sensitive information.

If you disclose information about a third party as part of this application, please ensure that you have their permission and have informed them of the purposes of the collection of this information before doing so.

I wish to:

- Grant authority for an adviser to access information about my product(s) - complete sections 1, 2 and 4.
- Appoint an adviser to service my product(s) - complete sections 1, 2 and 4.
- Change or remove an adviser - complete sections 1, 2 and 4.
- Grant authority for a third party to access information about my product(s) - complete sections 1, 3 and 4.
- Change or remove a third party - complete sections 1, 3 and 4.

Financial advisers only:

- ☐ Grant authority for an adviser to access information, using my firm's own form or letterhead - complete section 1.
- ☐ Appoint a new adviser to service my clients' product(s), using my firm's own form or letterhead - complete section 1.

1.1 Customer details

Mr/Mrs/Miss/Ms/Other - please specify

Full forename(s)

Surname

Permanent residential address

Postcode

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Date of birth

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Customer number

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Email

We'll only use your email address to contact you about your plan. We might also use it to keep you informed about our products and services but only where you've consented to this.

If this instruction is to only be applied to a specific product, please provide wrapper number(s) below.

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1.2 General Investment Account (GIA) – joint holders only

Second account holder

Mr/Mrs/Miss/Ms/Other - please specify

Full forename(s)

Surname

Date of birth

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Permanent residential address

Postcode

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Email

We'll only use your email address to contact you about your plan. We might also use it to keep you informed about our products and services but only where you've consented to this.

1.2 General Investment Account (GIA) – joint holders only continued

Third account holder

Mr/Mrs/Miss/Ms/Other - please specify

Full forename(s)

Surname

Date of birth

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Permanent residential address

Postcode

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Email

We'll only use your email address to contact you about your plan. We might also use it to keep you informed about our products and services but only where you've consented to this.

Fourth account holder

Mr/Mrs/Miss/Ms/Other - please specify

Full forename(s)

Surname

Date of birth

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Permanent residential address

Postcode

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Email

We'll only use your email address to contact you about your plan. We might also use it to keep you informed about our products and services but only where you've consented to this.

2. Financial adviser details

I wish to:

- ☐ Appoint a new adviser to service my product(s).
 - ☐ Remove my adviser from servicing my product(s).
 - ☐ Grant authority to the adviser below to access information on my product(s).

We're unable to process your request to appoint a new adviser if they're not set up on the Aegon Retirement Choices or Aegon One platform. Please ensure that they complete and email the **Adviser Application form** to us.

Company name

Network name (if applicable)

Company FCA number

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Financial adviser name

Financial adviser FCA number

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Registered address

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Postcode

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Email

3. Third party details

I wish to:

- ☐ Add the below third party to access information on my product(s).
 - ☐ Change to the below third party to access information on my product(s).
 - ☐ Remove the below third party from accessing information on my product(s).

Mr/Mrs/Miss/Ms/Other - please specify

Full forename(s)

[illegible][illegible]

Surname

[illegible][illegible]

Company Name (if applicable)

Correspondence address

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Postcode

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4. Customer declaration

In this declaration, 'I' and 'me' refers to the customer(s) named in section 1 and section 2, if applicable, of this form and 'you' refers to Aegon InvestmentSolutions Limited as the provider of the GIA and ISA, unless the context is in respect of the SIPP, in which case 'you' refers to Scottish Equitable plc.

4.1 Where I am granting authority to a financial adviser to access information about my products

I acknowledge and agree that by granting authority to the party named in section 2 of this form you will give that named party access to information about the products listed in section 1 of this form, and I further agree to you providing such information as and when the named party requests it.

I acknowledge and agree that the authority granted by me will remain in force until I notify you in writing that the party named in section 2 of this form no longer has authority to receive information from you.

4.2 Where I am appointing a new financial adviser to service my products

I agree to the appointment of the party named in section 2 of this form to act as the servicing adviser for the products listed in section 1 of this form.

I acknowledge and agree to you sending all correspondence to the party named in section 2 of this form for as long as they remain the appointed servicing adviser for the products listed in section 1 of this form.

4.3 Where I am granting authority to a third party to access information about my products

I acknowledge and agree that by granting authority to the party named in section 3 of this form you will give that named party access to information about the products listed in section 1 of this form, and I further agree to you providing such information as and when the named party requests it.

I acknowledge and agree that the authority granted by me will remain in force until I notify you in writing that the party named in section 3 of this form no longer has authority to receive information from you.

4.4 In all cases

I declare that I have authority from the parties named in this application to proceed and for electronic searches of the parties named in this application to be undertaken. I also declare that those same parties have been made aware of this declaration. Any personal data supplied in this form will only be processed as set out in Aegon's privacy policy (aegon.co.uk/support/faq/privacy.html).

4.5 Customer signature

All joint GIA holders must sign this form. You should sign and date this form by typing your full name in the signature box below and typing the date in the date box or by using any other electronic signature method we have agreed, in writing with your adviser, to accept. The form must be signed and dated within the last 6 months.

Your typed name or agreed electronic signature method in the signature box will be your signature. When you sign the form, by typing your name in this box or using the agreed electronic signature method, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Date

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Customer/primary joint account holder signature (type name here)

X							X
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Additional joint GIA holders

Date

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Second account holder signature (type name here)

X							X
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Date

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Third account holder signature (type name here)

X							X
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Date

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Fourth account holder signature (type name here)

X							X
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