

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@veri-global.com 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.

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PART ONE: Account details	
Forename(s):	Surname:
email:	Account Number:
Phone Number:	
ART TWO: INSTRUCTIONS REGARDING YOUR FINANC	CIAL ADVISER
would like to: Make changes to the authorisation or remuneration of my current fina	oncial 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 the second second this form	financial adviser
Remove my current financial adviser and replace with the financial adv Please complete the details below, plus Parts Three, Four and Five of this form	viser noted below
dviser Firm Name:	
dviser Name:	
Adviser Firm Address	
Adviser email:	
PART THREE: REMUNERATION AGREEMENT	
Please also note we will not carry forward any instructions to pay your new Account please confirm below: INITIAL FEES This fee will be charged on all amounts received into your account and paid	
Amount How are the charges to b	e applied:
Deducted in full upon rece Adviser Initial Fees (%): Recovered over 5 Years (F	eipt of funds (explicit account)
Recovered over 10 Years (F	- <i>A</i>
SERVICING/ONGOING FEES This fee will be charged on the value of your account and paid quarterly in Amount Servicing/Ongoing Fees (%p.a.):	
PART FOUR: AUTHORITY FOR YOUR FINANCIAL ADVIS	SER
	ruct on your account? This means that we will accept instructions from y thority are in the Declarations section in the application form or upon req ${f NO}$
PART FIVE: AUTHORISATION & DECLARATION	
I hereby request that you effect the changes so instructed in this form with i to provide additional information to support this request. Where this Account is held by joint account holders, please ensure that all j	immediate effect. I understand that I may, in certain circumstances, be requi joint account signatories sign this form.
Financial Adviser Declaration	Account Holder(s) 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.	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:
accept any nability for any or the advice which is provide.	Date:
Adviser Name:	Joint Account Holder Name: