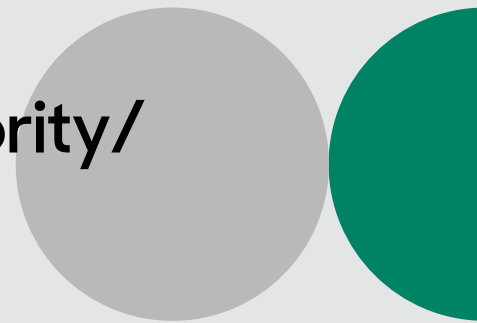


Individual letter of authority/ change of adviser



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 want policy information provided to a new adviser or a third party)
- Your Adviser should complete Part D and E (Part E only needs to be completed if you are appointing a new adviser)
- Please sign Part F

Data protection

To provide this product or service, we will need to collect some personal information about you or other individuals named on this form. Where providing personal information of other named individuals, you confirm that you have the necessary permission to do so. We may need to share this personal information with other companies of abrdn plc and companies who support us in the provision of this product or service. All personal information will be processed only where it is fair and lawful to do so. Whenever we share personal information, we will do so in line with our obligations to keep personal information safe and secure.

Please read our Privacy Notice at abrdn.com/wrap-customer/privacy-notice which explains in more detail how we use personal information and your rights under data protection law.

Part A – Policyholder (s) details

Policyholder 1 name	<input type="text"/>		
Date of birth (DD/MM/YYYY)	<input type="text"/>		
Policyholder 2 name	<input type="text"/>		
Date of birth (DD/MM/YYYY)	<input type="text"/>		
House name or number	<input type="text"/>		
Street	<input type="text"/>		
City/Town	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Contact number	<input type="text"/>		
Policyholder 1 NI No.	<input type="text"/>	Policyholder 2 NI No.	<input type="text"/>
Email address	<input type="text"/>		
Wrap number	<input type="text"/>	<input type="text"/>	<input type="text"/>

I/we authorise/appoint the Adviser detailed in Part D to have access to the Wrap account detailed in Part A and all policies within that Wrap Account. 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 the Wrap account detailed in part A and all policies within that Wrap account 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/own 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)

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 be stopped and a new Adviser Charge will need to be set up by your new Adviser)

Part C – Authorisation to provide new adviser or third party access to policy information only

(If you have completed part B of this form then you should access policy information yourself)

Do you require a retirement quote?

If so, please provide required Normal Retirement Date (DD/MM/YYYY)

Please provide general policy information only:

These instructions will apply to the Wrap account detailed in part A and all policies within that Wrap account.

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

(Please complete all the fields in this section)

Adviser firm name

Adviser name

Your agency code

FCA reference

Email address

Phone number

If there is more than one Wrap enabled platform please state which one:

Register as an Intermediary with abrdn

If you're Directly Authorised by the FCA and haven't applied for an Agency with abrdn, please tick the box above and **complete the Registration Form**.

Please note: if your Company does not have the necessary FCA permissions to give advice on Investment business, we will not be able to create an agency for you.

Register as an Intermediary with abrdn

If you're a member of a Network, please contact them to request an agency code. If you're a Directly Authorised Intermediary who requires an additional code, tick the box above and **submit your request using the Origo Agency Administration service**. This service is secure, free to use and you can request on behalf of multiple Product Providers simultaneously.

For any further help, please contact our team at: Wrap_servicing@abrdn.com or call them on 0345 279 1001.

Part E – Managed portfolios (to be completed by your new adviser)

Is client invested in a Managed Portfolio?

If Yes, please select one of the following options:

Remove the underlying investments from the Managed Portfolio

(These investments will be held in the Wrap account and no longer under control of the Portfolio Manager. Note – any restricted share classes only permitted for use by the Portfolio Manager will automatically be sold to cash)

Sell 100% of the Managed Portfolio (The Managed Portfolio is sold to cash)

I have permission from the Model Manager to remain invested in the Managed Portfolio

(You will either already have an agreement to access their Managed Portfolios or are in the process of obtaining agreement)



Part E should only be completed if you have appointed a new adviser.

Part F – Your signatures(s)

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

Signature	<input type="text"/>	Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/>
Signature	<input type="text"/>	Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/>
Signature	<input type="text"/>	Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/>
Signature	<input type="text"/>	Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/>

Once this document has been complete, please email Wrap_Servicing@abrdrn.com or post to:
abrdrn Client Servicing
Sunderland
SR43 4EE

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