

PLEASE COMPLETE THIS FORM IF YOU WOULD LIKE TO CHANGE YOUR FINANCIAL ADVISER

## Client Details

Client Name:  Client Date of Birth:  /  /

Client Address:   
  
 Postcode:

Client Ref. Number:

## Current Adviser Details

Current adviser name:

Current company name:

## New Adviser Details

New adviser name:

New adviser company:

New adviser FCA number:

Annual adviser charge:  % or  £ Is this charge subject to VAT?   Monthly  Quarterly  Annually

Initial adviser charge:  % or  £ Is this charge subject to VAT?   Monthly  Quarterly  Annually

**IF YOUR NEW ADVISER DOES NOT HAVE AN AGENCY AGREEMENT WITH EBS PENSIONS LIMITED THEY MUST COMPLETE AN AGENT REGISTRATION FORM.**

## Client Signature

Print Name:

Signature:

Date:

## Adviser Signature

Print Name:

Signature:

Date: