

# AllenbridgeCare. Request for Change of Agency

To have **AllenbridgeCare** services for funds not bought through us, you need to appoint us as your agent. These forms authorise us to receive regular information about your funds from your fund managers. To do this:

- 1 Complete a **separate section of this form** for each fund manager with whom you have funds.
- 2 Each statement must be signed by the registered fund holder.
- 3 Return the whole page to: Allenbridge Group plc, FREEPOST, Allenbridge Group plc, 17 Hill Street, London W1J 5BR.

If you need any help completing this form, or would like more copies, please call us on Freephone 0800 3399 99 and ask for Andrew Graham or Michael Burgess

**MY ALLENBRIDGE ACCOUNT NUMBER** For existing clients only

**TITLE**

**FORENAME**

**SURNAME**

**ADDRESS** Including postcode

  
  
  
  

**HOME TELEPHONE**

**MOBILE TELEPHONE**

**EMAIL**

**TO** Name of Plan Manager, eg Perpetual, Gartmore, Newton etc

**PLAN MANAGER'S ACCOUNT NUMBER** Found on your plan manager's statement

**FUND NAMES**

**NUMBER OF UNITS**

**ACC/INC**

**ACCUMULATION OR INCOME** Put **I** if you have dividend income paid to you, or **A** if you do not and it is accumulated in the fund

Please amend your records immediately to reflect that Allenbridge Group plc is now my agent for the funds listed above. I wish you to pay all future renewals commissions to Allenbridge Group plc rather than my previous financial advisors at no extra cost to me.

**SIGNATURE**

**DATE**

**MY ALLENBRIDGE ACCOUNT NUMBER** For existing clients only

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**SURNAME**

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**SIGNATURE**

**DATE**