

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.

Each applicant should complete a **separate form** for each fund manager with whom he/she has funds and each statement must be signed by the registered fund holder. Please return the whole page to Allenbridge Group plc, FREEPOST LON29771, London W1E 5ZY. If you need any help completing this form, or would like more copies, please call us on Freephone 0800 33 99 99

TO Name of Plan Manager, eg Artemis, Framlington, New Star etc.

TITLE	INITIALS	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

MY PLAN MANAGER'S ACCOUNT NUMBER Find this on your plan manager's statement

ADDRESS

MY ALLENBRIDGE ACCOUNT NUMBER For existing clients only

FUND NAMES	NUMBER OF UNITS	INC / ACC*
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TELEPHONE NUMBERS

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
<input type="text"/>	<input type="text"/>

* INCOME UNITS OR ACCUMULATION UNITS
Put **I** if you have dividend income paid to you or it is used to buy additional units
Put **A** if dividend income is accumulated in the fund

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