Zurich International Portfolio Bond
Adviser authority

Plan number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Complete this adviser authority if you want to give authority to your adviser to provide information and/or instructions to Zurich.

I/We hereby authorise the adviser firm detailed below to act on my/our behalf in relation to the matters indicated below and to provide information and/or instructions to Zurich.

I/We understand that this authority can be withdrawn at any time by written notification to Zurich and that until such notification is received, Zurich is entitled to rely on this authority and act on any information and/or instructions received from the adviser firm detailed over the page as if they were given directly by me/us.

I/We understand that Zurich will not be responsible for the actions or decisions taken by the adviser in connection with my/our plan.

By signing this authority I/we authorise Zurich to accept instructions from the adviser firm detailed over the page relating to any of the following, on the condition that any payments are made to the planholder(s), settlor(s)/donor(s) or trust beneficiaries (as applicable):

• Start, amend and/or stop regular withdrawals from the plan;
• Change details of the bank account into which regular withdrawals are paid;
• One-off withdrawal or full cash-in; and
• Buy and sell assets.

Zurich reserve the right to amend this list in which case Zurich will require a new adviser authority from you.

This adviser authority is for this plan only. A separate authority is required in respect of each plan you have with Zurich.

If there are more than four planholders/authorised signatories, please complete their details on a separate adviser authority and ensure it is returned with this form.

First planholder/authorised signatory

Name

Signature

Day Month Year

Date

Second planholder/authorised signatory

Name

Signature

Day Month Year

Date

Third planholder/authorised signatory

Name

Signature

Day Month Year

Date

Fourth planholder/authorised signatory

Name

Signature

Day Month Year

Date
The adviser firm:
I/We confirm that I/we will act only in accordance with complete instructions from the planholder(s) of the plan, after ensuring the planholder(s) has/have received the key features document and the terms and conditions and in accordance with the permissions and authority granted by the Financial Services and Markets Act 2000 or any replacement legislation.

Adviser firm name

Adviser firm address

Postcode Country

Adviser name

Zurich agency account number

Adviser signature (on behalf of the adviser firm)

Date Day Month Year