



Change of Financial Adviser

Policy Holder Details

Policy number(s):

If there are any further policy holders, please photocopy this page, attach the details with this form, and tick here.

FIRST OR SOLE POLICYHOLDER

First name(s):

Last name(s):

SECOND POLICYHOLDER *(If any)*

To:
 The Director
Veritas Cell
 c/o Artex Axcell (Guernsey) PCC Limited
 Heritage Hall
 Le Marchant Street
 St Peter Port
 Guernsey
 GY1 4JH

Subject: Change of Financial Adviser

I/We write with reference to my policy with Veritas Life. Please note that I have terminated the services of my current financial adviser and replaced it with the firm as detailed below.

I/We would be grateful if you could update your records accordingly and confirm by response that this has been completed.

This request includes the immediate cessation of any adviser remuneration to the previously appointed adviser, with effect from the date of receipt of this letter.

If you require any further information, clarification, or documentation, please do not hesitate to contact me/us.

I/we understand that the newly appointed adviser must hold current terms of business with Veritas Life.

Financial Adviser Company

Adviser company:

Company email address: Company telephone number:

Financial Adviser Company Representative

Name:

Email address: Telephone number:

Appointment of Financial Adviser (Optional)

By selecting option 1 or 2, the Policy Holder(s) is providing to Veritas Cell the authority for the execution of investment instructions on an advisory or discretionary advisory basis. This section must be signed by the proposed Financial Adviser to demonstrate his acceptance of the appointment and agreement to the specific conditions described in each section as well as to the general terms of agreement outlined below.

Option 1- Advisory basis only, the Policy Holder signature required

I, the Policy Holder, hereby declare that my Financial Adviser will discuss any proposed investment with me and that Veritas Cell will only act upon investment instructions received and bearing my signature to purchase or sell investments instruments.

Option 2- Advisory basis only, without the Policy Holder signature

I, the Policy Holder, hereby declare that my Financial Adviser will discuss any proposed alterations to the composition of the underlying investments held within my portfolio with me and obtain my agreement before any changes are made. I, the Policy Holder authorise my Financial Adviser to submit written investment instructions to Veritas Cell on my/our behalf, without the need to obtain my signature on these instructions.

Financial Adviser Fee

I/We/The Company agree to pay the Financial Adviser fee at the current rates specified here: Payment will be based on the value of the Policy at the end of the previous quarter.

Ongoing Adviser Fee: % p.a.

I/We/The Company agree that such fees shall be payable directly to the Financial Adviser by Veritas Cell on receipt by Veritas Cell of this authority, which hereby authorises Veritas Cell to debit my/our/its Policy with an equivalent amount which will be paid quarterly at each valuation date. Such fees will be treated as partial surrenders of the policy/policies.

DISCLAIMER

I have read and understood the terms of the agreement and agree to act in accordance with them.

Signature of First Policy Holder

Signature of Second Policy Holder (if applicable)

Date (dd/mm/yyyy):

Date (dd/mm/yyyy):

Appointment of Financial Adviser (Optional)

General terms of agreement for the two options:

The agreement:

- Is made between the Policy Holder and the Financial Adviser.
- Is to be governed and construed in accordance with the laws of Guernsey.
- Constitutes the entire agreement between the Policy Holder and the Financial Adviser in respect of their appointment as Financial Adviser to the Policy Holder with Veritas Cell.
- The Policy Holder hereby appoints the Financial Adviser to their Veritas Life Investment Bond.
- The Policy Holder acknowledges that such appointment will not take effect unless and until the Financial Adviser accepts its appointment by signing this agreement and that such appointment is subject to the Financial Adviser having terms of business with Veritas Cell.
- The Policy Holder acknowledges that the Financial Adviser will not provide any investment instructions in respect of their Policy until the Financial Adviser has accepted his appointment hereunder notwithstanding that the Policy Holder may have transferred investment amounts to Veritas Cell.
- All investment instructions given to Veritas Cell must be in the form approved by Veritas Cell.
- Veritas Cell will be responsible for the implementation of any investment instructions properly given including the administration of any dealing or trading of investment instruments.
- The Policy Holder, or their Financial Adviser may terminate this agreement by giving notice to Veritas Cell in the form of a written request.
- Veritas Cell is entitled, at its own discretion to terminate the appointment of the Financial Adviser under this agreement by giving 10 working days written notice to the Financial Adviser and to the Policy Holder.
- On termination, the Financial Adviser will receive any servicing fee owing pro rata to the date of termination and the provision of investment advice decisions will become the sole responsibility of the policy holder until another Financial Adviser is duly appointed.
- Any information received from, or otherwise obtained about the Policy Holder, shall be considered confidential by the Financial Adviser (including any sub-contracted party). Upon signing this form, the Financial Adviser agrees not to disclose confidential information without the Policy Holder specific written permission unless required for the purposes of trading to be done on the Policy.
- Any investment instruments purchased/sold as a result of an instruction shall be purchased/sold at the market buying/selling price as shown on the contract note issued by the vendor or stockbroker.
- Veritas Cell is entitled, at its own absolute discretion, to refuse or accept an investment instruction if it is not deemed a suitable or acceptable investment to the Veritas Cell.
- Veritas Cell shall not be liable for any damages, losses, costs or expenses to my Policy arising from the appointment of or the instructions given by the Financial Adviser. This will include, without limitation, any action or failure to take actions on the part of the Financial Adviser giving rise to any loss in the value of the Policy Holder investments and failure on the part of the Financial Adviser to produce a reasonable investment return, in relation to the Policy Holder.
- The Policy Holder, for themselves and their estate, hereby indemnify Veritas Cell against any and all liability it may incur as a consequence of or arising from or in respect of the appointment, activities and the performance of the Financial Adviser including but without limitation to the cost of defending in any court of law, any claim, demand or action against Veritas Cell.

Signature of Authorised Signatory or Financial Adviser

Full name of Adviser/Authorised Signatory:

Capacity of the Authorised Signatory:

For and on behalf of:

Date (dd/mm/yyyy):

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