

Monument International Portfolio Bond

Adviser authority

Post to Monument Life Insurance dac, IPB Admin, Bishop's Square, Redmond's Hill, Dublin 2, D02 TD99, Ireland.

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

Plan number

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

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 Monument.

I/We understand that this authority can be withdrawn at any time by written notification to Monument and that until such notification is received, Monument is entitled to rely on this authority and act on any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 Monument 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 Monument 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.

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

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

Date Day Month Year

Second planholder/authorised signatory

Name

Signature

Date Day Month Year

Third planholder/authorised signatory

Name

Signature

Date Day Month Year

Fourth planholder/authorised signatory

Name

Signature

Date Day Month Year

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

Monument agency account number

Adviser signature (on behalf of the adviser firm)

Date

Day

Month

Year

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