



Financial Adviser Appointment Form

Please use black ink and write in CAPITAL LETTERS or tick as appropriate. Any corrections must be initialled – do not use correction fluid as this will invalidate your instruction.

Please submit the completed form to:
Prudential International,
Montague House,
Adelaide Road,
Dublin 2,
Ireland.

Section 1 – Policy Owner(s)

Policy number(s)

First Policy Owner

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Last Name

First Name (in Full)

Home Address in Full

Telephone number

E Mail Address

Date of birth

D	D	M	M	Y	Y	Y	Y
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Additional Policy Owner

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Last Name

First Name (in Full)

Home Address in Full

Telephone number

E Mail Address

Date of birth

D	D	M	M	Y	Y	Y	Y
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Section 2 – The company you are appointing

The company you are appointing as your servicing Financial Adviser and to whom you have granted authority to receive information and service your policy(ies) on your behalf.

Full Name of Company

Contact name

Address

Telephone number

E Mail Address

Appointment of Financial Adviser

- I/We hereby appoint the above named Company as my/our Financial Adviser.
- I/We acknowledge that if the above Company does not hold a Servicing Terms of Business with Prudential International Assurance plc ("PIA") they cannot be registered to service my/our policy(ies) or deal with PIA on my/our behalf and, accordingly, will not receive automatic copies of any correspondence sent to me/us. In such cases PIA will keep a record that the above Company is my/our Financial Adviser and will release information to them on request only.

Consent and Authorisation – The Policyholder(s)

Data Protection: PIA is registered with the Irish Data Protection Commissioner and will comply with the Irish Data Protection Acts 1988 and 2003 in the maintenance and record keeping of any policy(ies).

Note: If the Policy(ies) are owned by 2 or more persons this request must be signed by each of them. PIA reserves the right to request proof of ownership.

- 1: I/We hereby designate to the above named company to service my/our Policy(ies) for an indefinite period to the exclusion of all other financial advisers.
- 2: I/We authorise PIA to act on instructions received from them and to release information to them on request. I/We confirm that we are aware that they will receive copies of all correspondence sent to me in relation to my/our Policy(ies).
- 3: I/We undertake to inform PIA immediately if I/We wish to amend or cancel this appointment.

4: I/We Certify that:

- a) The Policy(ies) belong to me/us;
- b) No other person has an entitlement of any kind in respect of the Policy(ies) overriding or restricting my/our entitlement in any way; and
- c) I/We have authority to make this instruction.

I/We understand that PIA reserves the right in its absolute discretion to reject any appointment or refuse such a request where it is deemed to be not in my/our best interest or in the interest of PIA.

First Policy Owner

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Additional Policy Owner

Signature

Date

D	D	M	M	Y	Y	Y	Y
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If there are more than two owners we need both pages completed and submitted together with this instruction.

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