

# Agency Appointment Form



**1.** Please complete this form using BLOCK CAPITALS and black ink. If your name and address appear already, you just need to complete any missing or incorrect details. Please keep signatures within the white areas of the signature boxes.

Elson Client Ref.	Title	Full Name		
Name and Address		Date of Birth	DD/MM/YY	Tel No.
		Email Address		
		<p><b>Joint Holding?</b> If an investment is outside an ISA and held jointly, please add the Joint Holder's full name and ask them to sign below as well.</p>		
		Joint Holder Full Name		

**2.** Please complete one line for each Plan Manager you have investments with. This can be a fund supermarket like Cofunds or FundsNetwork, or a fund company like Jupiter. Please leave the Joint Holder Signature box blank unless the investment is held in joint names.

Name of Plan Manager	Account Number	Signature <small>(sign each line you use)</small>	Joint Holder Signature	Date
e.g. Jupiter	e.g. AB123456	e.g. A. Sample	e.g. B. Sample	e.g. 31/01/17

1.				DD/MM/YY
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Please accept this authorisation to appoint Elson Associates plc as the full servicing agent for all my investments held with you. As Elson Associates will be providing me with an on-going execution-only service (including valuations, fund monitoring, web or office based support and information) please ensure that renewal commission is paid to them with immediate effect at no cost to me. Please provide Elson Associates with my customer/plan reference numbers and current valuation of all my investments held with you.

2.				DD/MM/YY
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3.				DD/MM/YY
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8.				DD/MM/YY
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**3.** That's it - simply return this form to: Elson Associates plc, FREEPOST RSTZ-RRXE-GHEA, 5 Queen Street, Kings Hill, West Malling, Kent, ME19 4DA (NO POSTAGE STAMP REQUIRED)

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