



Pension Transfers

UK Transfer Specialists

Letter of Authority

Dear Sirs,

As part of my review of finances I have asked Pension Transfers Limited to investigate my Life Assurance, Pensions and Investments.

You are hereby authorised to provide **Pension Transfers Limited** with any information they may request in respect of the contracts held by me. Their postal address is:

NEW ZEALAND
Pension Transfers Limited
P O Box 31519
Lower Hutt 5040
New Zealand
Fax: +64 4 939 0900

This letter is not an authority to alter the servicing agency of my contracts.

You are also hereby authorised to provide my details to ARL Lawyers, for the purposes of discussing pre-migration immigration requirements.

To help you trace my policy, my details are shown below:

NZ Residential Address:

Scheme Provider:

Know Policy Numbers:

National Insurance Number:

DOB: / /

Yours faithfully,

Sign:

Date:

Policyholder's Full Name:

PTO



Pension Transfers

UK Transfer Specialists

Authorised Financial Advisers

Provision of Financial Advice

Scope of Service

It is important to record the areas that you are requesting advice on.

Areas of advice **required**:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Term Life Insurance | <input type="checkbox"/> Trauma | <input type="checkbox"/> Total and Permanent Disablement |
| <input type="checkbox"/> Income Protection | <input type="checkbox"/> Investment | <input type="checkbox"/> Business Expenses (Insurance) |
| <input type="checkbox"/> Retirement Planning (KiwiSaver/Superannuation) | <input checked="" type="checkbox"/> | UK Pension Transfers |
| <input type="checkbox"/> Health | <input type="checkbox"/> Estate | <input checked="" type="checkbox"/> QROPS Investment |
| <input type="checkbox"/> Other (please specify) | | |

Areas of advice **not required**:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Term Life Insurance | <input checked="" type="checkbox"/> Trauma | <input checked="" type="checkbox"/> Total and Permanent Disablement |
| <input checked="" type="checkbox"/> Income Protection | <input checked="" type="checkbox"/> Investment | <input checked="" type="checkbox"/> Business Expenses (Insurance) |
| <input checked="" type="checkbox"/> Retirement Planning (KiwiSaver/Superannuation) | <input type="checkbox"/> | UK Pension Transfers |
| <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Estate | <input type="checkbox"/> QROPS Investment |
| <input checked="" type="checkbox"/> Other (please specify) | | |

I/We understand the services being provided are restricted to the scope of service set out above. The services do not include and should not be taken to include tax or legal advice.

Receipt of Primary Disclosure Statement

- ☒ I/We confirm I/we have received Tom Gilbert's Primary Disclosure Statement dated 2 December 2016 (v10).
- ☒ I/We confirm I/we have received Tom Gilbert's Secondary Disclosure Statement dated 2 December 2016 (v10).
- ☒ I/We authorise for my/our contact details to be added to Pension Transfers (2005) Limited database so I/we can receive regular updates plus information on additional services provided by Tom Gilbert.

Privacy Act 1993

This statement relates to the personal information that you provide to Tom Gilbert now and in the future. The personal information will be held by Pension Transfers (2005) Limited at 22 Kings Crescent, Lower Hutt and will be used in providing financial adviser services to you.

The personal information may be disclosed to providers of financial products to assist Pension Transfers (2005) Limited to provide financial adviser services to you and to enable any financial product you have, or propose to have, to be processed and administered. The personal information may also be used by Tom Gilbert, AMP New Zealand (inclusive of their Certified Adviser Practice Program), Fidelity Life and providers of financial products and government regulators for quality control purposes and for the management of complaints.

The personal information may be used in offering you other products and services available from AMP New Zealand and Fidelity Life directly or indirectly in conjunction with a third party.

The personal information will be held by Pension Transfers (2005) Limited at 22 Kings Crescent, Lower Hutt and you have the right to request access to, and to seek correction of, any personal information held about you.

Declaration

- ☒ I have read and understood the above Privacy Act 1993 section. I authorise any person to release to Pension Transfers (2005) Limited any personal information about me now or in the future held by that person and requested by Pension Transfers (2005) Limited in connection with financial adviser services being provided by Pension Transfers (2005) Limited and I agree that a photocopy of this authority shall be sufficient evidence of my consent to such release.

Provision of Information

It is your responsibility to provide to Tom Gilbert accurate, complete and appropriate information to allow Tom Gilbert to have reasonable grounds for making recommendations. Tom Gilbert and Pension Transfers (2005) Limited accepts no liability for any advice given on the basis of inaccurate or incomplete information provided by you.

- ☒ I/we understand that if I/we do not provide full details of my/our financial position and personal circumstances to Tom Gilbert, I/we risk receiving advice that may not be appropriate to my/our overall needs and objectives.

Retirement and Investment Planning

- ☒ I/We acknowledge the following matters have been discussed with Tom Gilbert and that I/we understand:
- The differences between conservative, balanced and growth portfolios.
 - Investment values, and the income from them, may go down as well as up and are not guaranteed.
 - Past performance of investments is not necessarily indicative of future performance.
 - Investment risk means that I/we may not get back the full amount invested.

Acknowledgment

I/We acknowledge that I/we have read and understood all the statements above.

Client signature

Client name

Date

Client signature

Client name

Date