

LETTER OF AUTHORITY TO TRANSFER AGENCY

TO THE PROVIDER

Providers name
Full postal address

Postcode

FROM THE POLICYHOLDER(S)

Full name(s)
Full postal address

Postcode
Date(s) of birth

Policy No & Type	
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Dear Sirs

Would you please accept this letter as my / our authority to transfer, with immediate effect, all servicing rights for the above numbered policy(s) to Lighthouse Advisory Services Limited (FCA ref. no.195199).

I / We confirm that I / We am / are receiving on-going financial advice from:-

Advisers full name
Provider agency number:
Lighthouse membership ref:

Nick Hodgetts
4024 NPH

Information for the adviser should be sent to Mrs Lynn Laws
at Lighthouse Platinum Wealth Management Ltd
4 Constable Court, The Street, Belstead, Ipswich IP8 3LY

Please note that all future renewal / trail commission and on-going adviser charges should be paid to Lighthouse Advisory Services Limited for the credit of the new servicing adviser.

I / we accept and confirm that the responsibility for any advice given prior to this servicing transfer must remain with the provider and / or the original adviser(s).

Yours faithfully,

Signature of policyholder
Date:

Signature of policyholder
Date: