

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
Wisteria Court, Wenham Road, Copdock, Ipswich, IP8 3EY

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: