



Letter of Authority / Transfer of Agency request

* I / We authorise you to provide information regarding the following plan to Graham Carter Financial Services Limited, 2 City Road, Chester, CH1 3AE

* I / We request that you update your records to show Graham Carter & Co. 2 City Road, Chester, CH1 3AE as my / our Financial Advisers to service my / our plan.

* Please delete as appropriate

Provider Details

Name of Provider:	
Class of Policy / Plan:	
Policy / Plan number(s):	

Client Details

Client(s) Name:	
National Insurance Number(s):	
Telephone Number:	
Email Address:	
Address:	

Policyholder 1

Signed:	Date:
Name:	DOB:

Policyholder 2

Signed:	Date:
Name:	DOB: