

TRANSFER OF SERVICING REQUEST

To :	Provider :	
	Address :	

Client Name	DOB	Address

Plan Number(s) :	
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FSA Number	431256	Agency Number	
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Dear Sir / Madam

I/We write to inform you that I/we would like the responsibility for the future servicing of the above plans to be transferred to the following company :

Paul Howell
at
Crawford Scott Ltd
Sovereign House
Suite 2
153 High Street
Brentwood
Essex
CM14 4SD

Can you please notify Crawford Scott Ltd when the transfer has been completed and provide an up to date valuation report for their records. Please ensure that any future renewal fees due are paid to the adviser named above.

Yours faithfully,

Client signature(s):

Date:

Name(s) in full: