

45 The Parade
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 CF24 3AB
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 E: ifa@stjp.biz
 W: www.stjp.biz



INDEPENDENT FINANCIAL ADVISERS

AUTHORITY TO TRANSFER SERVICING AND/OR ACCESS INFORMATION

This letter authorises and instructs you to transfer the servicing of our/my pension scheme and/or life assurance and/or investment, and allow access to the information contained within them, to of **The St James Partnership**. All future documentation, correspondence and future commissions should be sent to at the above address. Confirmation in writing that this action has been noted on your records would be appreciated.

Client (1):		DOB:	
Client (2):		DOB:	
Address:			
Company 1:		Policy Number 1:	
Company 2:		Policy Number 2:	
Company 3:		Policy Number 3:	
Company 4:		Policy Number 4:	
Account / Policy Holder 1:		Account / Policy Holder 2:	
Account / Policy Holder 3:		Account / Policy Holder 4:	
Signature 1:			
Signature 2:			
Date:			
Agency Code:	1.	2.	3.
			4.



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Full Name (1):			
Full Name (2):			
Address:			
Account / Policy Number(s):			
Account / Policy Holder (1):			
Account / Policy Holder (2):			
Company Name:			

