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THE ST JAMES PARTNERSHIP
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:	
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Client (2):		DOB:	
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Address:			
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Company 1:		Policy Number 1:	
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Company 2:		Policy Number 2:	
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Company 3:		Policy Number 3:	
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Company 4:		Policy Number 4:	
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Account / Policy Holder 1:		Account / Policy Holder 2:	
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Account / Policy Holder 3:		Account / Policy Holder 4:	
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Signature (1):			
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Signature (2):			
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Date:			
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Agency Code:	1)	2)	3)	4)
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Partners: **D. J. BARRY** Cert PFS, **C. J. HANNAN** APFS, **G. SHELLARD** Cert PFS,
J. C. GAYDON BA (Hons) Law, Cert PFS, **K. R. GREGORY-DAVIES** Cert PFS, **K. WYATT** Cert PFS,
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Authorised and Regulated by the Financial Services Authority

