

Please print off this screen, complete and sign it and then post it to us at:

**Cathedral IFP (LTFS)  
FREEPOST NAT16699  
BEDFORD MK43 0ZI**

## Authority for Transfer

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth:     /     /      
                  DD MM YYYY

E-mail address: \_\_\_\_\_

### To whom it may concern

I hereby appoint Luton Town Financial Services Ltd, an Appointed Representative of Cathedral Independent Financial Planning Limited, as my Independent Financial Adviser.

I have appointed Luton Town Financial Services Ltd as my agent in respect of the policy/policies listed below and hereby authorise you to:

1. Provide them with any information they may request regarding my policies, contracts or arrangements with you; and
2. To transfer the servicing of my policies, contract or arrangements with you and any servicing fees to the agency of Luton Town Financial Services Ltd.

Yours faithfully,

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Insurance company / unit trust manager / product provider	Policy / account / reference / number

Please complete on an additional sheet, if necessary.