

Standard Life Assurance Limited
Commission Department
Dundas House
2nd Floor
20 Brandon Street
EDINBURGH
EH3 5PP

LETTER OF AUTHORITY
TRANSFER OF SERVICING

Agency Code _____

Dear Sirs

I/We hereby appoint _____ of _____

_____ to be my/our Financial Adviser. This instruction enables them to act on our behalf in connection with my/our financial affairs.

Please transfer the policy/ies to the above agency code.

Policy/ies * : _____

Signed: _____

Signed: _____

Date: ___ / ___ / ___

Date: ___ / ___ / ___

Name: _____

Name: _____

Date of Birth: ___ / ___ / ___

Date of Birth: ___ / ___ / ___

* Basic policy information will be sent to your new Financial Adviser upon receipt of this authority