To (Company)
Postcode:

	From (Planholder/s)
Client 1	
Client 2	
Address	
Postcode	
Plan Type/s	
Plan No/s	

RE Transfer of Agency to Michael Migan at Retirement Planning Associates (RPA)

Dear Sirs

Please note that I/we confirm that Michael Migan (RPA) will be/continue to be my/our Independent Financial Adviser. My/our contracts with your company should now be placed in the agency of:-

Michael Migan (Sub-Agency No:)
Retirement Planning Associates Limited
397 Hale End Road
Woodford Green
Essex, IG8 9LL
Tel No 020 8531 5522
Fax 020 8527 2321
Regulated by the FSA: No 403829

I/we authorise Michael Migan (RPA) to obtain all information in respect of my/our existing life policies, pension arrangements, bonds, unit trusts and other investments to enable him to give me/us investment advice.

Please advise RPA of the correct plan number/s if the above is/are incorrect or changed.

Michael Migan can be contacted on 07803 084369 if you wish to discuss.

Yours faithfully

Signature 1		**Signature 2**	
Name 1		**Name 2**	
Date		**Date**	