

Provider:	PENSION PRACTITIONER. CON	
Address:		
Client(s): Name:	Address:	
DOB:		
Plan number(s):	CENTRIFULÉ ENLIMEGIAL SERVICES	4
ear Sir / Madam		SSAS

I/we write to inform you that I/we would like the responsibility for the future servicing and any future/outstanding renewal fees for the above plans to be transferred to **Mark Stewart** at the following company:

True Potential Wealth Management LLP Newburn House Gateway West

Newcastle upon Tyne

NE15 8NX

- I have had full disclosure of the commission/adviser charge
- I agree to transfer and continue the commission/adviser charge to the firm.
- There is a clear agreement to the service that is to be provided in return for the trail commission/adviser charge
- I agree to the transfer of my personal data and any subsequent policy data to True Potential Wealth Management

I confirm that I am aware of the remuneration which has been taken previously and that this should continue to be paid to the firm mentioned above in line with the firm's service proposition.

If you do not wish to continue with this please contact: True Potential Wealth Management LLP, Newburn House, Gateway West, Newburn Riverside, NE15 8NX.

Can you please notify True Potential Wealth Management LLP (FCA number 529810) when the transfer has been completed and provide an up to date policy summary and/or valuation report for my records.

Date:

Signed Client 1:

Print Name:

Signed Client 2:

Print Name