

Name of Insurance Company: _____
Policy number: _____
Date of Birth: _____

To whom it may concern,

This is to confirm that I wish to transfer my existing pension with the above noted Insurance Company to my Independent Trustee Company PRSA.

You are hereby authorised to directly provide Independent Trustee Company Limited with any information they request regarding the financial products held by me or my company. Independent Trustee Company is located at:

Independent Trustee Company
Harmony Court
Harmony Row
Dublin 2

Tel: (01) 6611 022
Fax (01) 6611 024

Please make cheque payable to: _____

If you have any queries please do not hesitate to contact ITC on (01) 6611 022.

Yours sincerely,

Client Signature

Print name

Date