

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 ITC 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