

Name(s): _____

Address: _____ Date: ____ / ____ / ____

Email: _____

1st Tel No: _____

2nd Tel No: _____

LIFE COMPANY:

To Whom It May Concern:

I would appreciate if you could please arrange to forward all necessary and relevant information only to Qifa Financial Planners with relation to any policies which I may hold with your company. I consent to Qifa Financial Planners contacting me in relation to any of the above.

Please transfer all policies I hold with your company to Qifa Financial Planners immediately.

Yours sincerely

Sign: _____

Sign: _____

DOB: _____

DOB: _____

Print name: _____

Print name: _____