

Product Provider Name & Address:

Planholders Address:

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Date: .....

Dear Sir/Madam

**Application for Change of Agency**

Policy/Plan Number(s):.....

Policyholders Name(s):.....

Please transfer the agency of the above numbered plan(s) to:

UK Life Direct Ltd  
The Barn, Riverside Business Park  
Natland Road, Kendal  
Cumbria, LA9 7SX

Please forward all future renewal commission to UK Life Direct Ltd.

If you have any queries please contact me.

Yours faithfully

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Policyholder(s) Signatures(s)