PROVIDER NAME

PROVIDER ADDRESS

DATE

Our Ref: XXXX/ **PLEASE QUOTE ON ALL CORRESPONDENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Holder** | XXXX |  |  |
| **Contract** | 2 x ISA Transfer |  |  |
| **Plan Number** | XXXX |  |  |
| **Consultant** | XXXX | **Agency Number** | **TBC** |

|  |  |  |
| --- | --- | --- |
| **Enclosed** |  | **Required** |
| Application |  |  | Acknowledge Receipt | Y |
| Cheque For £ |  |  | Illustration |  |
| DDM/SO |  |  | Return of birth/Marriage Certs |  |
| Money Laundering Form |  |  | Acceptance Terms | Y |
| Birth & Marriage Certificates |  |  | Policy Documents | Y |
| Client letter of instruction |  |  |  |  |
| Surrender Request |  |  | **Commence On** |  |
| Illustration |  |  | Acceptance | Y |
| Transfer Discharge Forms | Y |  | Specific Date |  |
| Switch Forms |  |  | Date to be Advised |  |

|  |
| --- |
| **Special Instructions**Online ISA transfer application already completed and submitted online.2 x transfer authority forms enclosed in respect of ISAs with Fidelity & Avalon. |

Regards,

XXXX

**XXXX**

T XXXX

E XXXX