**Transfer of Agency / Letter of Authority**

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|  | If I/We authorise you to transfer all our policies held with you to Quigley Financial Brokers, 8 Slaney Street, Wexford, Y35 HW21 with immediate effect, the following box will be ticked. |

**Please tick below the Companies you have business with and write in your policy number/s.**

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| Acorn Life  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** | Ark Life  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** | Aviva/Hibernian  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** | BCPAsset Mangmt.  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** |
| BoI Life  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** | Caledonian Life  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** | Canada Life  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** | Friends First  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** |
| Irish Life  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** | New Ireland  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** | Standard Life  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** | Zurich / Eagle Star  Policy Number/s:  **AND ANY OTHER POLICIES NOT LISTED ABOVE** |

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We hereby consent to you providing indefinitely all details of all our policies that I/We hold with you to Quigley Financial Brokers, 8 Slaney Street, Wexford, Y35 HW21 whichever way he requests it from you, email at info@quigley.ie, letter or on the telephone.

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| Signature: | Signature: |
| Print Name: | Print Name: |
| Date of Birth: | Date of Birth: |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_