

To whom it may concern

## REQUEST TO CHANGE SERVICING ADVISER

We/I, \_\_\_\_\_

of (address) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

D.O.B. \_\_\_\_\_

write to advise and confirm that I/we wish to appoint Michael Milne as my/our Insurance Broker.

Policy Owner: \_\_\_\_\_

Life Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

I/We request that all policies held with you be transferred to the following:

- Broker No. : \_\_\_\_\_

Michael Milne  
Milne Asset Management Pty Ltd  
83 Sydney Rd  
Coburg VIC 3058

Authorised Representatives of:

**Apogee Financial Planning ABN 28 056 426 932**

Australian Financial Services Licensee (AFSL number 230689)

Life Insurance Broker

Level 1, 105 – 153 Miller Street North Sydney NSW 2060

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at Milne Asset Management Pty Ltd.

Yours faithfully

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name

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