



**THE LIFE OFFICE**  
SECURING YOUR FUTURE

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 Wissam Abou-Eid 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. : \_\_\_\_\_

Wissam Abou-Eid  
Abou-Eid Enterprises No.2 Pty Ltd  
Unit 4/41 Lygon Street  
Brunswick East VIC 3057

Authorised Representatives of:  
**Count Limited (Count) ABN 19 001 974 625**  
Australian Financial Services Licensee (AFSL number 227232)  
Life Insurance Broker  
Level 8, 1 Chifley Square, Sydney 2000

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at Abou-Eid Enterprises No.2 Pty Ltd.

Yours faithfully

\_\_\_\_\_  
Signature

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

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