



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
83 Sydney Rd
Coburg VIC 3058

Authorised Representatives of:
Count Financial Limited 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: _____