

Application for Policy Transfers – Change of Financial Adviser

Incorporating Transfer Servicing and Commission Rights

Name of Policy Owner(s): _____

Person Insured: _____

Fund / Policy No: _____ Type of Policy / Fund: _____

Fund / Policy No: _____ Type of Policy / Fund: _____

Fund / Policy No: _____ Type of Policy / Fund: _____

Adviser Details: _____

NICHOLAS DON
Odyssey Financial

ASIC Authorised Rep No. 300483
CHPW Australian Financial Services Licence No
280201

Suite 7, 307-313 Wattletree Rd
East Malvern VIC 3145
nic@odysseyfinancial.com.au

Ph: 03 9509 1316
Fx: 03 8610 0366
Mob: 0412352099

Adviser Code: _____

Statement:

I/we the undersigned; _____ understand that Odyssey Financial and the authorised representative will become responsible to me/us for the investment/insurance services provided and may become entitled to service commissions on these policies.

I request that _____ provide confirmation of this change of serving rights to my new adviser as listed above.

Client Signature **Date:**

Client Signature **Date:**