



SWITCH ADVISOR FORM

FROM:	<i>Policy Holder 1</i>	<i>Policy Holder 2 (if applicable)</i>
Name:	_____	_____
Date of Birth:	_____	_____
Address:	_____	_____
	_____	_____
	_____	_____
Tel:	_____	_____
Mob:	_____	_____
E-mail:	_____	_____

Investment/Insurance Company: _____

Policy No(s): _____

I/We wish to appoint **AWMI Ltd** as my/our servicing agent and advisor. Please transfer the future servicing of my investments to them with immediate effect. Please take this as authority to release listed information to below contact details.

Administration Office
 Argentum Wealth Management KK
 601 Hinoki Azabudai Bldg
 3-1-5 Azabudai Minato-ku
 Tokyo 106-0041 Japan
 Tel +81 3 5549 9099
 Fax +81 3 5549 9098
 clientservicing@argentumwealth.com

Signed Policy Holder 1: _____ Date: _____

Signed Policy Holder 2 (if applicable): _____ Date: _____