

Notice to Switch Authority Form

For your convenience we have drafted the following letter which will be sent on your behalf if you are switching from another plan manager, and you wish for us to assist in the transition.

Please complete and sign only if relevant.

Date:

Plan management company name:

To whom it may concern,

Notice to terminate plan management services and switch to Aspect Plan Management

This letter is to formally advise you that I wish to terminate my plan management agreement and switch to Aspect Plan Management.

Please finalise any outstanding payments within the next 7 days.

I request for my remaining funds to be released and transitioned to Aspect Plan Management.

Their contact details are contact@aspectndis.com.au or 1300 770 986

Should you wish to further discuss, please let me know.

Kind regards,

Signature of participant or authorised nominee

Participant or Nominee's Full name:

NDIS Number: