



LETTER OF AUTHORITY FOR INFORMATION ONLY

Name (s):
(Print FULL names)

Address:
.....
.....

Post code:

Tel:

Email:

Dates of Birth:
.....

Nat. Ins. nos:
.....

To:

Dear Sirs,

Re: Policy / Plan No's
.....
.....

and any other policy in our names

With effect from the date of this Authority, I / We request that all information on the above mentioned plan(s) be made available to **Insight Financial Associates** at the address shown below. **We stress that the full servicing rights remain exclusively with the existing service provider.**

Yours faithfully

Signed: Signed:

INSIGHT FINANCIAL ASSOCIATES
Insight House 7a Alkmaar Way
Norwich International Business Park
Norwich NR6 6BF

Tel: 01603 268080 Fax: 01603 268088



Insight Financial Associates Ltd is authorized and regulated by the Financial Services Authority