

LETTER OF AUTHORITY

To Whom It May Concern

I/We hereby give full authority to **Highfield Financial Planning, 6–9 Trinity Street, Dublin 2** to obtain any information they require with regard to all life assurance policies, serious illness policies, income protection policies, pensions, investments, mortgages, commercial loans, personal loans or credit cards that I/We hold in our sole, joint names or company name.

First Life

Name: _____

Address: _____

DOB: _____

Second Life

Name: _____

Address: _____

DOB: _____

Company Name (if applicable): _____

Signed: _____

Date: _____

Signed: _____

Date: _____

This is not an authorization to transfer the agency on the above client's policies