

Note of Authority

To:			
From:		Ref:	
Date:		Sent by:	

Would you please accept, and apply accordingly, this **Note of Authority** in respect of the following Accounts/Policies held with you by our mutual Clients:

1 st Client:		DOB:		NI No:	
2 nd Client		DOB:		NI No:	
Home Address:					

Policy/Account Name	Reference Number	Owner Names

This **Note of Authority** is to grant to **AffinityFinance**, full and ongoing Information Rights for the Accounts/Policies as specified above.

Please provide us with full current details of the above **Accounts/Policies** including a current **Statement** and a statutory **Key Facts Illustration** as applicable.

It would be most helpful if you would send this information by email to contact@affinityfinance.co.uk being the preferred means of correspondence; otherwise, we kindly await these same documents by post. Thank you.

1st Client Name:

2nd Client Name:

Adviser:

Signature:

Signature:

Signature:

Date Signed:

Date Signed:

Date Signed:

