



LETTER OF AUTHORITY – POLICY INFORMATION ONLY

When complete, please sign and date the form, and return. **PLEASE USE BLOCK CAPITALS TO COMPLETE THE FORM.**

SECTION 1. PERSONAL DETAILS

Policy number(s):			
Policyholder full name:			
Date of Birth (DD / MM / YYYY):	Day:	Month:	Year:
Policyholder full name: (If joint policy)			
Date of Birth (DD / MM / YYYY):	Day:	Month:	Year:
Address	Postcode:		
Telephone number(s):			

SECTION 2. AUTHORITY DETAILS

You can give permission to an individual or a company, for example your financial adviser.

Please give the below named person any information they require on my policy (s)

Full name:			
Date of Birth (DD / MM / YYYY):	Day:	Month:	Year:
Company name (if applicable)			
Address	Postcode:		
Telephone number(s):			

SECTION 3. SIGNATURE

Name:	Signature:	Date:
Name:	Signature:	Date:

Note: The person named on this form can ask for information about your policy. They cannot make decisions for you or make changes to your policy.

It's important to include your signature as proof of your request because protecting our customers from potential fraud is something we take very seriously.

There are three possible ways to add your signature.

Option 1 – Got a printer?
Add your signature to your printed form(s). You can either scan or take a photo of your paperwork.

Option 2 – No printer?
Complete your form(s) online and scan or photo of a handwritten letter asking us to accept your form(s).

Please make sure your signature appears clearly on your handwritten letter.

Option 3 – Add an electronic signature to your form(s)
If you can add your signature to your form(s) using a digital pen on the screen, find the Adobe PDF Fill & Sign feature to draw and add your signature.