

From
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To :
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Date

Dear Sirs

Letter of Authority

Ref: Policy/ Plan Account Number(s)

I/We wish to appoint:

**Susan Daniels
Anglo International Group Ltd
170 Epsom Road
Guildford
Surrey
GU1 2RP**

as my/our Financial Adviser in respect of the above-mentioned policy(ies)/accounts and I/we authorise you to transfer the servicing rights and to provide her or any of the administrators from Anglo International Group Ltd with information in respect of these.

Yours faithfully,

.....
Owner

.....
Joint Owner

NOTE:

If not completed please complete your name and address, the name of the company, the plan/policy no. and sign.

Please return the completed Letter of Authority to:
Anglo International Group Ltd. 170 Epsom Road, Guildford, Surrey GU1 2RP
Freephone: 0800 193 1066
Tel: 01483 300377
Email: info@angloifa.co.uk