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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,

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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**