

LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

Please accept this letter as my/our written authority for HFS Milbourne Financial Services, Lintott House, 81 Portsmouth Road, Guildford, Surrey, GU2 4BS to act as my/our Financial Advisors. Please release to them any information they may require and transfer my/our policies over to HFS Milbourne.

My/our details are:

Insurance Company
Name & Address

Policy Numbers

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Signature

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Signature

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Full Name (please print)

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Full Name (please print)

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Date

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Date

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Address

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Address

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Date of Birth

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Date of Birth

