

Note of Authority

To:			
From		Account Ref:	
Date		Sent by:	

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

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

Policy/Account Name	Policy/Account Ref No	Policy/Account Owners

This **Note of Authority** is to grant to **AffinityFinance** full and ongoing Information Rights for the above named persons in our professional capacity as Independent Financial Advisors; and to fully transfer to us all ongoing **Servicing & Remuneration Rights** for the **Accounts/Policies** specified above.

Please also forward to us full current details of the above **Accounts/Policies** in accordance with the statutory **Keyfacts Illustration** and/or **Annual Statement** requirements as prescribed by the FSA.

It would be most helpful if you would send this information by email in the first instance, and subsequently send these same documents by post. Thank you.

1st Client Signature:

2nd Client Signature:

Adviser Signature:

Steve Ellis Dip PFS
 AffinityFinance

