

**LETTER OF AUTHORITY**

**TO WHOM IT MAY CONCERN**

Please accept this letter as my/our written authority for HFS Milbourne Financial Services, Wonersh House, The Guildway, Old Portsmouth Road, Guildford, Surrey GU3 1LR 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**

.....  
.....  
.....  
.....  
.....  
.....

.....  
.....  
.....  
.....  
.....  
.....

.....  
**Signature**

.....  
**Signature**

.....  
**Full Name (please print)**

.....  
**Full Name (please print)**

.....  
**Date**

.....  
**Date**

.....  
.....  
.....

.....  
.....  
.....

.....  
**Address**

.....  
**Address**

.....  
**Date of Birth**

.....  
**Date of Birth**