



Letter of Authority

To Company:

Dated: _____

I hereby authorise you to provide HFS Milbourne Financial Services, Wonerh House, The Guildway, Old Portsmouth Road, Guildford, Surrey, GU3 1LR with the following on my policy/policies listed below:



Information on policy/policies



Transfer the ongoing servicing rights (HFS Milbourne will not accept any liability for clawback of historic commission)

Policy Number

Type of Policy

(i.e. Pension/Final Salary/Bond/ISA/Investment/Endowment/Protection/Whole of Life/Other – please specify)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<p>Policyholder 1:</p> <p>Signature:</p> <p>Client Name:</p> <p>Date of Birth:</p> <p>National Insurance Number:</p> <p>Address:</p>	<p>Policyholder 2:</p> <p>Signature:</p> <p>Client Name:</p> <p>Date of Birth:</p> <p>National Insurance Number:</p> <p>Address:</p>
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