



Letter of Authority

Provider Name & Address

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Date.....

Dear Sir/Madam

Please accept this letter as authority for you to release to Prism Financial Advice Limited all the information requested plus other details if required in respect of the policy/policies detailed.

Yours faithfully

Signature Client 1: Signature Client 2:

Ref/Policy Number(s):

Plan Type:

Client 1

Name: Date of Birth

National Insurance No:

Client 2

Name: Date of Birth

National Insurance No:

Full Address

.....
.....

Post Code

Prism Financial Advice Ltd, Prism House, 13 Keel Row, The Watermark, Gateshead, Tyne & Wear, NE11 9SZ

Office Use Only: RBP/IR () - PENSWI () SRA (Age)