



LETTER OF AUTHORITY

Client 1

Full Name:
DOB: National Ins:
Address:
Email: Phone #:

Client 2

Full Name:
DOB: National Ins:
Address:
Email: Phone #:

To (Institution Name):

Re: My/Our Policy(ies): No:
No: No:

- Please note that Belle Financial Services Ltd will be dealing exclusively on my behalf with any matters relating to my business/or all policies with you and should be provided with any information that they might require to process any matter relating to the aforementioned business and/or policies.
OR
Please provide Belle Financial Services Ltd with information only with regard to any matters relating to my business/or all policies with you. Please do not change servicing of these policies held with you at this time.

Fees

- Please transfer all further existing ongoing fees and/or commissions to Belle Financial Services Ltd.
OR
I/We authorise you to debit a fee of % from my/our Policy per annum, deducted calendar monthly in arrears based upon the Investment value of my/our Policy, and that this will be paid to the Financial Adviser.

I/We confirm that a copy of this authority shall have the validity of the original

Signed Name Date Signed Name Date