

LETTER OF AUTHORITY

To Whom It May Concern

I hereby give full authority to **Highfield Financial Planning, 6–9 Trinity Street, Dublin 2** to obtain any information they require with regard to all pensions of any type which I hold.

Name: _____

Address: _____

DOB: _____

PPS no.: _____

Company Name (if a company pension): _____

Signed: _____

Date: _____

This is not an authorization to transfer the agency on the above client's policies