IMPACT
financial services

LETTER OF AUTHORITY
OFFICIAL AUTHORISATION DOCUMENT

TO: INSURANCE PROVIDER

PROVIDER NAME

PROVIDER ADDRESS

CLIENT DETAILS

FULL NAME

DATE OF BIRTH

NI NUMBER

ADDRESS

POSTCODE

POLICY NUMBER

EMAIL ADDRESS

AUTHORISATION STATEMENT

I hereby authorise **Impact Financial Services Limited** to act on my behalf and request any information regarding my policy(ies) held with your company. This authority extends to obtaining details of premiums, benefits, policy values, fund information, **claims information**, and any other relevant policy information. **This authority also covers the submission and management of any claims on my behalf.** This authority will remain in force until you receive written notice of cancellation from me or Impact Financial Services Limited.

ADVISER DETAILS

ADVISER NAME

ADVISER EMAIL

CLIENT SIGNATURE

PRINT NAME

SIGNATURE

DATE

SECOND CLIENT (IF APPLICABLE)

PRINT NAME

SIGNATURE

DATE