

Letter of Authority

To whom it may concern:

Please note that I/we wish to have all current policies I/we hold with your company, to be transferred to...

Tony Long
Finance Matters
8 Rathfarnham Road
Terenure
Dublin 6W

Please allow Tony immediate access to any information requested.

NAME (capitals): _____ **Date of Birth:** _____

SIGNATURE: _____

NAME (capitals): _____ **Date of Birth:** _____

SIGNATURE: _____

ADDRESS: _____

POLICY / REFERENCE NUMBERS

