



Letter of Authority

Client Name(s):

Address:

Date:

Agent Name: Mr Edward Hodgson

Agent Address: ICONIC investments (GB) Ltd, 9 Elm Court, Birmingham Road, Meriden Business Park, Meriden, West Midlands CV5 9RG

Tel. Number: 01676 522 222 Fax No. 01676 523 715

FSA Number: 479775

I/We understand that in order to provide a full financial planning service, Iconic Investments (GB) Ltd Independent Advisers are required to have a full knowledge of all insurance/investment products held by myself/ourselves.

Can you please transfer the servicing rights of this/these policies (shown below) to Iconic Investments (GB) Ltd agency and provide them with a full summary of the plan(s) held by myself/ ourselves. In providing this authorisation I/we understand and confirm that the undertaking for the advice given and the recommendation made in arranging the above will remain the responsibility of the original registered business and adviser and is not transferred with the change of control. A questionnaire is attached.

Client Name	Policy Number	Company	Type of Policy	Fax Number

Signature:

Print name:

Date:

Signature2:

Print Name:

Date: