

# CLIENT APPOINTMENT / LETTER OF AUTHORITY

UPDATED MAY 2011

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_ NI no.: \_\_\_\_\_

Email: \_\_\_\_\_

I acknowledge receipt of your Terms of Business Letter and  about our services and costs.

I hereby authorise Morgan Fitzgerald Limited to request any information they may require in connection with my existing life assurance, investments, retirement or saving plans.

INSURANCE COMPANY	POLICY NUMBER	TYPE OF POLICY

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

