



LETTER OF AUTHORITY

To Company :

Dated :

I/We hereby authorise you to provide **Mackenzie Webb Associates LTD, 17 Mary Vale, Godalming, Surrey, GU7 1SW** with the following on my/our policy/policies listed below:

Information on policy/policies

Transfer the ongoing servicing rights

(Mackenzie Webb Associates will not accept any liability for claw-back of historic commission)

Policy Number :

Type of Policy :

(i.e. Pension/Final Salary/Bond/ISA/Investment/Endowment/Protection/Whole of Life/Other - please specify)

Policy Holder 1 :

Signature :

Client Name :

Date of Birth :

National Insurance No. :

Address :

Policy Holder 2 :

Signature :

Client Name :

Date of Birth :

National Insurance No. :

Address :
