

LETTER OF AUTHORITY

Complete this to authorise another person or company to access your policy information.
Return to: ReAssure, Windsor House, Telford Centre, TF3 4NB

Policyholder details (if you have a joint life policy we need details for both policyholders)

Policyholder name:

Date of birth:

Current address:

Post code:

Tick a box to tell us which policy / policies you want this authority to apply to

All policies I/we hold with ReAssure
(for reference write one policy number in the box to the right).

Specific policy / policies only
(write specific policy number/s in the box to the right).

Contact details for the person or company you want to give authority to

These details will be stored with the policy information on our records. You can find out more about how we use personal information by viewing our full privacy notice on our website.

Name:

Address:

FCA/SRA reference number
or date of birth if an individual

Tick a box to tell us what kind of authority you want to give

Information only: I/we wish to give access to information about the policy or policies listed on this form. This is not an instruction to transfer the agency.

Transfer of agency: I/we wish to transfer the servicing rights of the policy or policies listed on this form to a new agency.

Sign and date below (if you have a joint life policy you both need to sign and date below)

Your signature/s:

Date:

If any policy referred to in this form is written under Trust, the Trustees must fill in their details below.

All Trustees must sign, date and print name below (only needed for policies in Trust)

Policy number/s
Trust applies to:



ReAssure

Trustee signature	Print Name	Date