



## Letter of Authority

### FINANCIAL ADVISER INFORMATION

|                  |                                  |                          |                            |
|------------------|----------------------------------|--------------------------|----------------------------|
| <b>NAME:</b>     | DERRY THORNALLEY                 | <b>TELEPHONE NUMBER:</b> | +44 1664 444399            |
| <b>POSITION:</b> | DIRECTOR OF BUSINESS DEVELOPMENT | <b>MOBILE NUMBER:</b>    | +44 7980773835             |
| <b>ADDRESS:</b>  | 25 HIGH STREET, OAKHAM, RUTLAND  | <b>EMAIL ADDRESS:</b>    | derry.thornalley@aifsg.com |

### POLICYHOLDER INFORMATION

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**POSTCODE** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_  
**NATIONAL INSURANCE NO.** \_\_\_\_\_ **D/O/B** \_\_\_\_\_

### PROVIDER INFORMATION

**NAME OF PROVIDER** \_\_\_\_\_  
**POLICY NUMBER** \_\_\_\_\_  
**PRODUCT** \_\_\_\_\_

### CLIENT AUTHORISATION

I hereby authorise you to release information regarding the above detailed policies/accounts in writing or by telephone to the Argent International agent listed above. Argent International also has the authority to request overseas transfer forms on my behalf.

### CLIENT SIGNATURES

|                    |                     |               |
|--------------------|---------------------|---------------|
| _____<br>Signature | _____<br>Print Name | _____<br>Date |
| _____<br>Signature | _____<br>Print Name | _____<br>Date |

For further information on products and services please do not hesitate to contact us: [info@aifsg.com](mailto:info@aifsg.com)

**Switzerland:** Augustin Keller-Strasse 18, 5600 Lenzburg Tel.: 00 41 62 892 87 00; Fax: 00 41 62 892 87 15

**Portugal:** Avenida das Acacias 30 R/C, Monte Estoril, 2765-389 Estoril, Lisbon Tel.: 00 351 21 466 0353; Fax: 00 351 21 466 0343

**Spain:** Calle Isla Cristina 1-1B, 21400 Ayamonte, Huelva. Tel.: 00 34 959 32 21 25; Fax: 00 34 47 10 78