

Agency Authority

To release information to Roberts Clark IFS Ltd (financialadvice.net/needanadviser.com)

Your Details

* Your name(s)

*Address

*Town/City

*County

*Postcode

*Insert Today's
Date

/ /

Details of Pension/Insurance/Investment/Bank/Other Company

*Name of
Company

*Address

*Town/City

*County

*Postcode

Dear Sir

Authority to supply information to Roberts Clark IFS Limited

Please accept this letter as my/our authority appointing Roberts Clark IFS Limited as servicing agent and to supply any information requested by Roberts Clark Independent Financial Solutions Limited with respect to the following contract numbers:

<i>Insert Number/Sort Code for Contract, Policy or Bank Account</i>	<i>Type of Account, Policy or Contract</i>	<i>Full name of Account Holder, Policy Holder or Member</i>

OPEN AUTHORITY AND ONLINE FUND SWITCHES

IMPORTANT NOTE: **THIS IS AN OPEN ENDED AUTHORITY** AND IS VALID UNTIL I/WE GIVE INSTRUCTIONS TO CANCEL THIS AUTHORITY IN WRITING. IF YOU WILL NOT ACCEPT THIS AUTHORITY ON AN OPEN ENDED BASIS, PLEASE LET ROBERTS CLARK KNOW IN WRITING IMMEDIATELY TO AVOID ADDITIONAL COSTS IN THE FUTURE. IF YOU DO NOT LET THEM KNOW AS SOON AS YOU RECEIVE THIS AUTHORITY, I/WE REQUIRE YOU TO SUPPLY REQUESTED INFORMATION ON AN ONGOING BASIS. **PLEASE ALSO UPDATE YOUR SYSTEMS TO SHOW I/WE GIVE AUTHORITY FOR ROBERTS CLARK TO ADMINISTER FUND SWITCHES ON MY/OUR BEHALF AND ONLINE WHERE POSSIBLE FOR SPEED.**

Yours faithfully

*Your Signature

*Print Name

*Date of Birth

*National Ins.
Number

*Partner Signature

*Print Name

*Date of Birth

*National Ins.
Number

**Once completed please return this authority letter to us at
Roberts Clark IFS Limited, 1 Stret Constantine, Newquay, Cornwall, TR7 1GH. United Kingdom.**