Date:			
Provider Name & Address:	,		
	LETTER OF APPOI	<u>NTMENT</u>	
Client Name & Address:			
Re: Policy Number/s:			
Го Whom It May Concern:			
	e Intermediary on the above poli		: a1
Services. Agency Code		ne agency of Michael Hannon Financi	ıaı
Yours sincerely			