

LETTER OF AUTHORITY.

Date: _____

FAO : Please tick below the Companies you may have business with:

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Zurich / Eagle Star | <input type="checkbox"/> Friends First | <input type="checkbox"/> Aviva / Hibernian | <input type="checkbox"/> New Ireland |
| <input type="checkbox"/> BCP Asset Management | <input type="checkbox"/> Irish Life | <input type="checkbox"/> Caledonian Life / | |
| | <input type="checkbox"/> Canada Life | <input type="checkbox"/> Royal London | |
| <input type="checkbox"/> Standard Life | <input type="checkbox"/> Ark Life | <input type="checkbox"/> BoI Life | <input type="checkbox"/> Acorn Life |
| <input type="checkbox"/> Royal London formally Royal Liver Assurance | | | |
| <input type="checkbox"/> Other _____ | | | |

Re: _____

To Whom It May Concern

I / We hereby consent to you providing all details of any policy / policies held with you by me / us to Mr Michael Hannon of Michael Hannon Financial Services, Gortatleva, Claregalway, Co. Galway.

Yours faithfully

Maiden Name: _____ Signature: _____

Policy / reference number(s) Details:

Policy Number _____

Date of Birth _____

Member Number _____

Pension Plan Name _____