

AUTHORITY TO ACT

| | |
|----------------------------|--|
| Company/ Organisation | |
| Account/ Plan number(s) | |

And all other policies, plans, and accounts if applicable

Authority to Act

- Please note that I / we have appointed: Alan Moran of Interface Financial Planning Limited 122 Hamstead Hall Road Handsworth Wood Birmingham B20 1JB [Tel 0121 554 4444 Email: alan.moran@interfacefp.co.uk] as my / our Independent Financial Advisers: Authorised and regulated by the Financial Conduct Authority registration number 424729
- This authority applies to Alan Moran, employees of Interface Financial Planning Limited, and any other person authorised by Alan Moran.
- I / we authorise them to obtain all information in respect of my /our financial affairs with you. Please release to them any information that they may request.
- I / we wish the appointment to take place with immediate effect and the date of this appointment is shown below.
- This authority is intended to be on-going until cancelled by me in writing. Please retain this authority and note my / our file accordingly.

Transfer of Agency, Servicing Rights, Fees, and Commissions:

Please accept this authority as my / our formal instruction to transfer all servicing rights, fees, and commissions of the policies and investments listed above and all other policies and investments that I / we hold with you, to the agency of Interface Financial Planning Limited with immediate effect.

| CLIENT | | PARTNER* |
|------------------------------|--|----------|
| Signature(s) | | |
| Full Name(s) | | |
| National Insurance Number(s) | | |
| Date(s) of Birth | | |
| Address(es) | | |

* Note: If the plan or account is in joint names both signatures are required

Date ____ / ____ / 20 ____

