

Insert Company Name & address

Dear Sirs

Scheme Name _____

Type _____

Provider _____

Provider Ref Number _____

Please register Cheltenham Independent Financial Advisers Limited, 10 Montpellier Arcade, Cheltenham, GL50 1SU as having authority to obtain information on this policy for purpose of review.

Please do not advise our existing adviser of this authority.

Yours sincerely

Signed----- Name-----

Position----- Date-----

Return via post to Cheltenham IFA's Ltd, 10 Montpellier Arcade, Cheltenham GL50 1SU. Or fax to 01242 269656 or Email to info@cheltenhamifa.co.uk