

**Letter of Authority**  
**Appointment of Aspect Financial Solutions Ltd**

Full Name: (first client)	Date of Birth:
Full Name: (second client)	Date of Birth:
Address:	
Post Code:	
Date:	

**To whom it may concern**

\*I/We have appointed Aspect Financial Solutions Ltd as \*my/our Financial Advisers. Please accept this letter as \*my/our authority and request for you to provide Aspect Financial Solutions Ltd with any information they may request from you with regards to \*my/our business, investment, insurance, banking, mortgage, pension or other financial arrangements.

\*I/We have appointed Aspect Financial Solutions Ltd as the servicing agent for \*my/our policies and they are hereby authorised to receive all future and renewal commission in respect of these policies. Please forward all copies of future correspondence to Aspect Financial Solutions Ltd.

\* Delete if not applicable

Many thanks in advance for your help.

Yours faithfully,

Signature:	Name in block capitals:
Signature:	Name in block capitals: