



FORM OF AUTHORITY

Full Name:

Address:

Postcode / Zip Code:

Contact Details:

Telephone:

Mobile:

Email Address:

Date of Birth:

National Insurance Number:

Pension or Investment Provider:

Product Sold:

Account / Agreement Number:

This authority relates to all agreements held with your company. I authorise Aspire Business Management Ltd to act on my behalf as my principal agent in correspondence with you with regard to any and all pension and investment policies. You should accept all correspondence and communication from Aspire Business Management Ltd as if they same had been provided directly by me. You have my authority to disclose any information for the purposes of the Data Protection Act 1998, and any copy documentation requested under The Consumer Credit Act 1974. I give Aspire Business Management Ltd full authority to represent my interests. A copy of this letter of authority will have the same validity as the original.

Signature:

Print Name:

Date: