Authority to Release Information

To whom it may concern,

Please provide information on the plans/policies that I/we hold as requested by:

Practical Financial Planning Ltd
18 Rosslyn Road, Bath, England, BA1 3LH

Tel. 0117 379 0090

Client Name(s).....

Client DOB.....

Client Address.....

.....

.....

Signature(s).....

Date.....

Provider Company	Plan/policy/reference number*

*please include any additional plans/policies held with you which have not been detailed

This authority is effective immediately and valid until cancelling by us in writing, please contact us at the soonest opportunity in case of any queries.