

# Letter of Authority – Policy information only

**Policyholder's full name/s:**

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**Policyholder's address:**

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Postcode

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**Policy number(s):**

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and ANY OTHER POLICIES I have with Sun Life Financial of Canada ☐ (Please tick).

**You can give permission to an individual or a company, for example your financial adviser.**

Please give

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any information they ask for about my policies.

Company name (if applicable):

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FCA Firm Reference Number

(for financial advisers only):

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Address:

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Postcode

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Telephone number:

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**Policyholder's signature:**

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**Policyholder's signature:**

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**Date:**

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**Trustee/s and/or Power of Attorney:**

(if applicable)

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**Trustee/s and/or Power of Attorney:**

(if applicable)

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**Date:**

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**So we can be sure you have not changed your mind, please return this form within three months of the date you sign it.**

The person named on this form can ask for information about your policy. They cannot make decisions for you or make changes to your policy. You should think carefully before giving someone permission to make decisions for you. You will need to speak to a solicitor or a financial adviser about this.