



## LETTER OF AUTHORITY

**CLIENT DETAILS** (please complete in BLOCK capitals):

<b>Name:</b>	_____	<b>Date of Birth:</b>	(DD / MM / YYYY) ____ / ____ / ____
<b>Name:</b>	_____	<b>Date of Birth:</b>	(DD / MM / YYYY) ____ / ____ / ____
<b>Home Address:</b>	_____ _____		

### TO WHOM IT MAY CONCERN;

I / We hereby grant authority to Growth Investments Ltd to review all Pension, Investment and Life Assurance Plans that I / We hold with your agency. When contacted please provide all relevant information as required.

I trust all is in order,

Yours faithfully,

<b>Signature:</b>	_____	<b>Date:</b>	(DD / MM / YYYY) ____ / ____ / ____
<b>Signature:</b>	_____	<b>Date:</b>	(DD / MM / YYYY) ____ / ____ / ____

INVESTMENT & PENSION CONSULTANTS | WEALTH MANAGERS

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