

Letter of Authority Form

I give full authority for:

Title.....First Name..... Surname.....
Date of Birth..... to speak on my behalf about all aspects concerning
my policy/ies/plan(s) held with LV=.

Third Party's Address

.....
.....

Post code.....

Telephone Number.....Email address.....

Policy Number(s):

Please confirm how long you wish this authority to be valid for.

Date Valid from:

____/____/____

Date Authority expires:

____/____/____

(Please put N/A if you do not require an expiry date)

Yours sincerely

Policy owner's signature

.....

Policy owner's details.

Title.....First name.....Surname.....

Address

.....
.....
.....

Post code **Date**

Please return to:

LV Life Policy Servicing, County Gates, Bournemouth, BH1 2NF

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