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KRD Financial Advisers Limited  
74 Worcester Road  
Hagley  
Stourbridge  
West Midlands  
DY9 0NJ

Dear Sir/Madam,

**Client Name:**  
**Date of Birth:**  
**NI Number:**  
**Policy/Scheme Number(s):**

I confirm that I have instructed you to act on my behalf as Independent Financial Advisers.

I therefore consent to you having my authority to obtain any necessary information in connection with the above policy.

As my instructions relate to the ongoing review of my financial and insurance requirements, I also authorise you to request the appropriate insurance/investment companies to amend their records to show yourselves as the servicing agents for my policies.

I also consent for you to receive any Commissions/Adviser Charges on the above policy(ies) for ongoing service.

Yours faithfully,

**Signed:** .....

**Signed:** .....

**Date:** .....

**Date:** .....