



LETTER OF AUTHORITY

To	
Policy Holder(s) (Names in full)	
Date(s) of Birth	
Policy Holder Address	
Policy Numbers	
Servicing Agent Details	
Servicing Agent's FSA Reference No.	
<p>I/We wish to appoint the above named as my/our servicing agent. I/We therefore instruct Windsor Life to update their records to reflect the transfer of the servicing rights with immediate effect.</p> <p>Policyholder SignatureDate..... (If joint policy, both policyholders must sign)</p> <p>Policyholder SignatureDate.....</p>	