

Letter of Authority

Policyholder details	
Name:	
Date of birth:	
Policy number(s):	
National Insurance number:	
Address:	
	Postcode:
Phone number:	
Email address:	

The following Letter of Authority gives Rothestay permission to release information about your policy/policies to a third party, such as a relative, a trusted friend. Examples of what it can and cannot be used for are below:

Request information about your policy: ☒ **Make decisions on your behalf:** ☐

Dear Rothestay

Please accept this letter as my authority to release information about my policy/ies to the following third party:

Third party details	
Name:	
Address:	
	Postcode:
Phone number:	
Email address:	
Password to be used to access information:	

I give my authority for (***please tick or complete the appropriate box***):

1 year ☐ 2 years (maximum) ☐ Other - Please specify length of time or date within the 2-year maximum period

I understand that this Letter of Authority will be valid to be used with Rothestay for the period specified above; until it is revoked; or until a Power of Attorney (or equivalent) is put in place. I understand that I am responsible for informing Rothestay if I want to revoke or make any changes to this Letter of Authority.

Signed by policyholder:.....

Date:

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