Rothesay

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 Rothesay 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 Rothesay

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 Rothesay 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 Rothesay if I want to revoke or make any changes to this Letter of Authority.

Signed by policyholder:…….

Date: ……