

# Letter of Authority – Policy information only

**Policyholders full name/s:**

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**Policyholders address:**

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Postcode

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**Policy number(s):**

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and ANY OTHER POLICIES I have with Sun Life Financial of Canada  (Please tick).

I wish to appoint

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to obtain information only on the above policy number/s.

**Person to whom authority has been given**

This may be an individual or, in the case of a financial adviser, the name of their company.

Company name (if applicable):

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FCA Firm Reference Number  
(only applicable to financial advisers):

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Address:

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Postcode

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Telephone number:

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**Policyholder's signature:**

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**Policyholder's signature:**

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**Date:**

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**Trustee/s and/or Power of Attorney:**  
(if applicable)

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**Trustee/s and/or Power of Attorney:**  
(if applicable)

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**Date:**

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**We must receive this form within three months of the above date for the appointment to be noted.**

Once completed, the appointee can only receive information relating to the above numbered policy(s). Please note that this document does not enable the appointee to make decisions, amendments or changes to the policy(ies) on behalf of the policyholder. Parties seeking an arrangement such as this should seek advice from a financial adviser or a solicitor.