

# Letter of Authority

This page will be sent to your provider to inform them that you give Assist Financial Management authority to act on your behalf. It needs to be signed by you and any additional policy holder(s). You will need a separate Authority for each Policy (additional copies included with this pack).

## PLEASE FILL IN THIS FORM AS CLEARLY AS POSSIBLE

Policy Holder's Full Name

Policy Holder's Date of Birth

Joint Policy Holder's Full Name

Joint Policy Holder's Date of Birth

Your Address

Postcode

Your Policy Provider (e.g. Abbey, Halifax, NatWest, etc)

Loan Agreement Number or Credit Card Number

Your Address when the Loan/Credit Card was taken out (if different)

Postcode

## To Whom It May Concern

### THIS AUTHORITY RELATES TO THIS AND ALL PREVIOUS AGREEMENTS WITH YOUR COMPANY

#### Authorisation to Assist Financial Management

I/We authorise Assist Financial Management to act on my/our behalf in pursuing my/our claim in respect of advice received from and/or sales made by the Company relating to the above policy. I/We give Assist Financial Management full authority to refer the Claim to the Financial Ombudsman Service if this is believed to be in my/our best interest.

#### Instructions to the Company

Please take this letter as my/our instruction to you, the Company, to deal directly with Assist Financial Management in respect of the Claim and to provide them with any information they request and require to pursue my/our Claim.

I/We acknowledge that I/we could pursue this Claim against the Company myself/ourselves without the involvement of Assist Financial Management but that I/we have instead opted to engage Assist Financial Management whose fees will be recoverable from me/us.

#### Redress/Compensation

This letter constitutes a full assignment by me/us to Assist Financial Management of my/our entitlement to any redress or other monies agreed or awarded to me/us. Such monies will promptly be paid to me by Assist Financial Management less their fee for the services carried out by them. I/We hereby instruct you to pay any award of compensation to Assist Financial Management who will hold the money on my/our behalf. The redress is to be to: Assist Financial Management.

I/We understand that in the event of a successful claim, my/our payment protection policy will be cancelled and it is my responsibility to arrange replacement cover if required.

I/We understand that if the loan or credit card provider uses my/our redress monies to reduce an outstanding debt balance on my/our loan or credit card, a full fee will still be immediately payable to Assist Financial Management.

#### Instructions to Third Party

In the event that you need to contact a third party to progress my/our claim for any reason, I/we hereby give my/our authority and consent for the third party to provide the Company and Assist Financial Management with any information they request and may require to pursue my/our Claim.

#### Declaration of Truth

I/We have read and accept Assist Financial Management's terms and give them full authority to make a Claim on my/our behalf. I/We confirm that the information given in this letter and in this leaflet is to the best of my/our knowledge accurate and a truthful reflection of our/my recollections of events at the point of sale.

#### Terms of Engagement

I/We have read and accept Assist Financial Management's Terms of Engagement and give them full authority to make a Claim on my/our behalf.

# IMPORTANT

...don't forget to sign the form

Policy Holder's Signature

Date

Joint Policy Holder's Signature

Date