

AUTHORITY TO RELEASE INFORMATION

- I give authority for you to transfer the agency of my policy(ies) to:
- I give authority for you to release information to:

Name of person/company you are giving authority to:

D A OWEN Financial Services limited trading as Harrison Beale and Owen Financial Services

Address of the person/company (please include company name, if applicable):

**Highdown House
11 Highdown Road
Leamington Spa
Warwickshire
CV31 1XT**

Please release to them any information they request relating to:

All of my policies **(please quote one of your policies as a reference)**.....

The following policies

Your Name

Please ensure that all policy owners sign this form.

Your Address

Postcode:	Postcode:
Signature:	Signature:
Date:	Date:

Postcode:	Postcode:
Signature:	Signature:
Date:	Date: