



INVESTMENT LETTER OF AUTHORITY

Internal Use Only

Claimant Ref:

Claim Ref:

PLEASE COMPLETE, CHECK, SIGN & SEND

IMPORTANT: Amendments to populated data must be signed in full by you.

ABOUT YOU (THE PRIMARY CLAIMANT)

Forename(s):

Middle Name(s):

Surname:

Previous Name:

DATE OF BIRTH: DD/MM/YYYY

MUST BE ENTERED

Email Address:

Home Phone Number:

Mobile Number:

YOUR ADDRESSES

Current Address:

Postcode

PREVIOUS ADDRESSES

Please provide as many previous addresses as possible.

First line of address

Postcode

PREVIOUS ADDRESS 1

POSTCODE

PREVIOUS ADDRESS 2

POSTCODE

PREVIOUS ADDRESS 3

POSTCODE

PREVIOUS ADDRESS 4

POSTCODE

PREVIOUS ADDRESS 5

POSTCODE

PREVIOUS ADDRESS 6

POSTCODE

ABOUT THE SECONDARY CLAIMANT

Forename(s):

Middle Name(s):

Surname:

Previous Name:

Date of Birth: DD/MM/YYYY

ABOUT YOUR POLICY

INVESTMENT PROVIDER:

ONE PROVIDER ONLY

FINANCIAL ADVISER:

ADVICE BUSINESS NAME/
INDEPENDENT FINANCIAL ADVISER NAME

AT LEAST ONE MUST BE ENTERED

Any policy details you can provide may be helpful but are not essential.

Policy Number/Reference:
(If Known)

TO WHOM IT MAY CONCERN – THIS AUTHORITY RELATES TO BOTH THE ABOVE DETAILED INVESTMENT(S) AND/OR FINANCIAL POLICY(IES) AND ANY OTHER INVESTMENT(S) AND/OR FINANCIAL POLICY(IES) ON ANY ACCOUNTS HELD WITH YOU

I/We hereby appoint and expressly authorise The Claims Guys to undertake their Claims Services, which includes investigating, preparing, submitting and negotiating my/our Claim(s) for Compensation in respect of mis-sold Investments and/or financial policy(ies) held on any account(s). I/We hereby authorise the extension of this Authority to any Claim(s) not specifically referenced and to all outstanding Claim(s) which you are currently processing on my/our behalf. I/We further authorise and request that the Company investigates all my/our Claim(s) in adherence with the Financial Conduct Authority Handbook – Dispute Resolution: Complaints. Furthermore, you must release to The Claims Guys any information and/or documentation pursuant to Chapter 3 of the General Data Protection Regulation 2016, as may be requested by The Claims Guys, by telephone, in writing, email or fax, and to do so without delay.

I/We confirm that I/we have lawfully contracted with The Claims Guys and have expressly consented that all communications and payments from you must be made direct to The Claims Guys, which will then be forwarded to me/us. A copy of this Letter of Authority will have the same validity as the original. I understand that, in addition to the present Letter of Authority I will need to provide further information when raising an expression of dis-satisfaction to the Company, about the underlying product(s), service(s) and where known, specific account number(s) being complained about. Doing so will enable the Company to assess and determine the complaint as quickly and as effectively as possible.

This LETTER OF AUTHORITY will be sent to the Financial Adviser and/or Provider named above to inform them that you give The Claims Guys authority to act on your behalf.

DON'T FORGET MUST BE SIGNED

PLEASE SIGN AND DATE BELOW

I/We have read carefully the Letter of Authority and the Terms of Engagement (overleaf) and agree to be bound by their content.

SIGN HERE PRIMARY CLAIMANT:

DATE OF SIGNATURE: DD/MM/YYYY

DATE HERE

SIGN HERE SECONDARY CLAIMANT:

DATE OF SIGNATURE: DD/MM/YYYY

DATE HERE