



Mortgages | Pensions | Life Assurance | Investments | Car & Home Insurance

To Whom it May Concern:

Name Life 1 _____ Date of Birth ____ / ____ / ____ Smoker _____

Name Life 2 _____ Date of Birth ____ / ____ / ____ Smoker _____

Address:

Phone: _____

Email: _____

Dear Sir/Madam,

I/We give authority to SPIRIT FINANCIAL to review all our policies.

Please provide them with all the relevant information that is required.

Yours Sincerely

First Life

Second Life

Date: _____

Please tick below the insurance companies you may have a policy or investments with.

Acorn Life [] BOI Life [] Canada Life [] Caledonian Life []

Eagle Star/Zurich [] Friends First [] Hibernian/Aviva [] Irish Life []

New Ireland [] Standard Life [] Scottish Provident/Phoenix [] Ark Life []