

Form of Authority

The Equitable Life Assurance Society
Walton Street
Aylesbury
Bucks
HP21 7QW

I¹,

Of²

Hereby authorise you to release all such records and papers as they may require to Clarke Willmott of 1 Georges Square, Bath Street, Bristol, BS1 6BA in respect of the policy/policies numbered³:

.....
Signed⁴:

.....
Dated:

¹ Please insert full name

² Please insert full postal address

³ Please list all policies including your with profits annuity **and** any policies used to purchase that annuity

⁴ Please print your name here and sign above the line