

### Authorisation Form

#### Broker Authorisation

**PLEASE USE TYPE BLOCK CAPITALS ON THIS FORM; Then print, sign and post back.**

**I hereby request and authorise the companies indicated below, to release client and policy data relating to the business written under the agency numbers/ codes listed below for the sole purpose of having such data made available to us in the software applications provided to us by Lunar Technologies Ltd.**

Broker Name:	IFSRA No:
Address:	
Name:	
Title:	Contact No:
Signature(s) of Authorised Person (Director/Partner): <span style="color: red;">(For Companies 2 Directors or Director and Secretary must sign)</span>	
1)	2)

**Agency Codes (Important: It is mandatory to accurately complete each section fully)**

#### Authorisation / Instruction to:

Provider	Agency Code(s)
Aviva	
Canada Life	
Friends First	
Irish Life	
New Ireland	
Standard Life	
Zurich Life	
BCP Asset Management Ltd	

