

Letter of Authority

To _____

Policy Name(s) _____

Policy Number(s) _____

I hereby authorise Acumen & Trust to investigate my entitlements under the above arrangement(s).

Accordingly, I would be obliged if you would provide Acumen & Trust with details requested in this regard.

I trust you find the above is in order.

Print Name _____ Print Name _____

Signature _____ Signature _____

Date _____ Date _____

Address _____ Address _____
