

## Policy Authority Mandate

### Authority

I hereby advise that NorthStar Wealth Management Group Ltd is appointed as my authorised financial planner.

**Information only.** Please provide my financial planner with any information they require in respect of this policy. This may include valuations, policy details, copies of correspondence, personal information and other relevant information.

**Full servicing rights.** Please transfer the full servicing rights of this policy to my financial planner including any adviser charges, commission or other fees. Please also provide my financial planner with any information they require in respect of this policy. This may include valuations, policy details, copies of correspondence, personal information and other relevant information.

### Policy Details

Company:

Policy Number:

### Policyholder Details

Full Name:

Previous Name:  
(if applicable)

Date of Birth:

NI Number:

Address:

Previous Address:  
(if less than 3 years  
at current address)

### Financial Planner Details

Company:

NorthStar Wealth Management Group Ltd

FCA Number:

716709

Telephone:

0800 6906 247

Email:

info@nswm.co.uk

Address:

Ocean Village Innovation Centre  
Ocean Way  
Southampton  
Hampshire  
SO14 3JZ

Additional Notes:  
(if applicable)

### Signature

This authority shall remain in place until such time as I cancel it.

Full Name:

Date:

I am signing on behalf of a minor (under the age of 18). I am the parent, guardian or other legal representative and confirm I am authorised to act on their behalf.