

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:	Central Bank Number:

Address:

Name:

Title:	Contact No:

Signature(s) of Authorised Person (Director/Partner):
(For Companies 2 Directors or Director and Secretary must sign)

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

Authorisation / Instruction to:

Provider	Agency Code(s)
Aviva	
Aviva Health	
Friends First	
Irish Life	
New Ireland	
Standard Life	
Zurich Life	
BCP Asset Management Ltd	
Royal London (Caledonian Life)	
Davy Select	

Authorisation Form

Name of Authorised User	E mail Address	Mobile Number

Please POST the completed and signed original form to:

**Money Advice
Lunar Technologies Ltd
6 Carmody St Business Park,
Ennis, Co. Clare**

**Queries to
Tel: 065 6849675
support@moneyadvice.ie**