

CLIENT ACKNOWLEDGEMENT AND AUTHORITY TO PROCEED

I/we have read and understood this Statement of Insurance Advice and appendices and acknowledge the following:

1. All insurance decisions have risk.
2. I/we appoint Insurance Solutions to implement the recommendations outlined in this Statement of the recommendation listed above under 'Agreed Action'.
3. That all the information that I/we have supplied is true and correct and nothing that is deemed 'material' has been omitted.
4. That my/our circumstances could change over time and it is my/our responsibility to contact you when changes occur that could alter the applicability of the advice given in this Statement.
5. That the relevant Disclosure Statement has been provided to you by myself.
6. My/our contact details can be added to the Insurance Solutions database so I/we can receive regular updates plus information on additional services provided by the adviser.
7. I/we agree the right to access and to correct my/our personal information that is held on file.
8. Permission is granted for my/our files to be reviewed by the Financial Regulator or external compliance personnel, as part of your requirements to meet regulation and maintain industry best practices.
9. I/we understand that the adviser is paid commission by the the relevant insurance companies for business placed with them.
10. I/we confirm that we have disclosed all our medical information for this application for insurance cover and confirm with our signatures below.

Signature: _____

Signature: _____

Dated this _____ day of _____ 20 _____