

I hereby give my authority for:

Name/Advisor from IFA Firm.....

...to make an introduction to Life Cover for All to assist me further with my specific requirements to obtain Life Insurance.

I understand that I am not required to pay any fees for the advice provided to me and agree for Life Cover for All to receive commissions derived from any contract effected on my behalf.

I also give my authority for Life Cover for All to forward, if relevant, to other insurance companies my medical information to assist in obtaining an accurate indication of their likely underwriting decision prior to full submission.

Signature..... Date.....