

Please complete the following sections with as much information as possible. It is important you complete the details marked with a cross (X) where indicated to allow us to start your review.

Title	Full name 🗙		
Previous name (if applicable)			
Date of birth 01   01   1970			
Address 🗙		Previous addresses (if applicable)	
National Insurance number		$\mathbf{X} \square \square \square \square \square \square \square$	
Preferred contac	t number		
Email address			

I/We have appointed Sutton Brook Wealth Management of In-Partnership as my/our Financial Advisers. Please accept this letter of authority to provide Sutton Brook Wealth Management with any information they may request from you with regards to my/our business, investment, insurance, banking, mortgage, pension or any other financial arrangements.

I would be grateful if this information could be sent to Sutton Brook Wealth Management by either email: info@suttonbrookwm.co.uk or by fax: 08455 442 659.

I/We do not confirm transfer of advising and servicing advisers to Sutton Brook Wealth Management, just plan information for the below plans..

Pension provider, company or scheme name Eg. Scottish Widows, Aegon, ReAssure, Zurich, L&G, etc	Policy numbers		
×			
×			
×			
×			
I understand and accept that in order for a pension review to be completed, Sutton Brook Wealth Management may need to share my personal details with pension providers mentioned above, and I agree to such disclosure of personal data.			
Signature X	Date X		

Sutton Wealth Management Ltd is an appointed representative of The On-Line Partnership Limited trading as In Partnership which is authorised and regulated by the Financial Conduct Authority

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