

To **Michael Migan**
Address **CareFeesAdvisers**
397 Hale End Road
Woodford Green
Essex IG8 9LL

Name		
Address		
County/Postcode		
Date		

Consent to Access Information & Discuss My Personal Affairs

Dear Mr Migan

**This is to confirm that I give consent to _____
to disclose and discuss my financial, medical & other relevant
information with you in the matter of care fees planning and related
issues.**

**I understand that you are an Independent Financial Adviser, and that
information is shared with you on a confidential basis.**

Yours Sincerely

Account Holder 1 X

In cases of joint finances please complete one form per person.