

INTUS FINANCIAL SERVICES INSURANCE BROKER AUTHORIZATION



Please fill in this form to access information about the financial products available and documents offered by Intus Financial Services.

Name

Surname

E-mail

Phone number

Please give me your recommendation for the best Life Insurance product for

Single investment life insurance products

Potential initial investment

Investment term (years)

Regular savings life insurance products

Potential initial investment

Potential monthly savings amount

Investment term (years)

The recommendation is free of charge, without commitment to buy anything and with all fees specified.

I am interested in the following investment products linked to the Life Insurance:

Fixed Interest Deposit Accounts and Bonds

Capital Protected Investments

Bond and Equity Funds

Online Securities Trading

Other _____

I am interested in a free consultation for personal Tax Planning

This authorization will be in force until terminated by one of the parties.
The termination must be made in writing by e-mail at info@intusbroskers.com.

Please print and sign this form, then send it to info@intusbroskers.com

Date (DD/MM/YYYY)

Signed _____