

Letter of Authority

Member Name:

Date of Birth:

National Insurance No:

Current Address:

Old UK Address:

Dear Sir or Madam,

I, the above named, hereby authorize you to provide any relevant information as may be requested by **QROPS Information** regarding the following pension:-

Pension Plan/Scheme

Policy/Scheme No.

(If available)

Yours faithfully,

Signature: _____

Date: _____