

Letter of Authority

Client Address:

Provider/Scheme Address:

Clients previous UK address.

Dear Sirs,

Policy Number/Member Numbers(s):

Scheme / Provider Name:

I authorise you to provide any office of Premier Pension Solutions SL with information they request regarding benefits held in the above scheme / policies (and any other policies), which I may have with your company.

Yours faithfully

Signature _____ Date ____/____/____

Print Name _____

Maiden name (as applicable) _____

National Insurance Number : _____

Date of Birth : _____