

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. This Letter of Authority then allows us to contact pension provider(s) on your behalf to get the details of your pension(s).

Title	Full name															
Previous name (if applicable)						Intended retirement age										
Date of birth (you must be <b>between 18 and 65</b> to qualify for this service)						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	
Address						Previous addresses (if applicable)										
National Insurance number						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>

We need your contact details so we can contact you once we have received a response from HMRC and/or your pension provider(s).

Preferred contact number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
Alternative contact number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address												

I hereby give my authority to provide Profile Pensions with any information it may require in respect of the following and any other plans I may hold:

Pension provider, company or scheme name eg. Scottish Widows, Aegon etc.	Policy numbers (if known)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I understand and accept that in order for a pension review to be completed Profile Pensions may need to share my personal details with pension companies, and I agree to such disclosure of personal data. I also authorise Profile Pensions to update/add/amend this LOA to include any additional pensions located via HMRC in order that Profile Pensions be able to complete a full pension review.

Signature	<input checked="" type="checkbox"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
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