

Letter of Authority

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 <u>between 18 and 65</u> to qualify for this s		service)			×
Address		Previous addresses (if applicable)			
National Insurance number					×
We need your contact details so w	e can contact you once we have	received a response froi	m HMRC and/or your pe	nsion provider	(s).
Preferred contact number					×
Alternative contact number					
Email address					
I hereby give my authority until fur and any other plans I may hold:	rther notice, to provide Profile Per	nsions with any informa	tion they require in resp	pect of the follo	owing
Pension provider, compan or scheme name eg. Aego			ider, company a me eg. Aegon	Policy num (if know	
1	, and I agree to such disclosure c additional pensions located via H	of personal data. I also	authorise Profile Pensio	ns to update/a	
Signature	×	Date			×