

Member authority form to release information to an independent adviser (IFA)

This form should be completed by you, the member, to authorise us, Trafalgar House Pensions Administration Ltd (on behalf of the trustees or Trustee of the Scheme) to release and receive relevant information about you and your benefits to your Independent Financial Advisor. By signing the declaration below you will be appointing the IFA listed to have access to the personal benefit and scheme information that you would have access to as a member. Authority may be given on an ongoing basis or for a specified time. In either case you can contact us to remove the authority at any time.

Your details	
Your full name	
Date of birth	
Your membership number or National Insurance number	
Your address	
Scheme name (the Scheme)	
Your IFA	
Name of IFA	
Company	
FCA registration number (if known)	
IFA address	
IFA telephone number	
End date for authority (please enter a date, or state that authority should be ongoing)	

By signing below, I agree that the Trafalgar House Pension Administration Ltd, the Trustee or trustees and their advisers can pass and receive information about me and my pension benefits in the above Scheme to the Independent Financial Adviser above that I have nominated.

Signature	
Full name	
Signed	
Date	