

# MEMBER AUTHORITY FORM

## TO RELEASE INFORMATION TO AN INDEPENDENT FINANCIAL 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**

**Your Membership Number** or National  
Insurance Number

**Scheme Name** (the 'Scheme')

### Your IFA

**Name of IFA**

**Company**

**FCA Registration No (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.

**Full name**

**Signed**

**Date**