



Letter of Authority

Date:

Name of Pension Scheme:

Policy number:

Policyholder's name:

Policyholder's address:

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Policyholder's date of birth:

Policyholder's N.I. number:

I hereby give Windsor Pensions authority to receive information regarding the pension scheme detailed above. Windsor Pensions also has authority to request overseas transfer forms on my behalf.

Yours faithfully,

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