

# Client Authority



**SAVE MY  
PENSION**

Name of pension provider \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Policy/membership reference \_\_\_\_\_

Please accept this letter as my authority for you to release information regarding my pension arrangement/benefits to:

Save My Pension  
2 Grove Court  
Grove Park  
Leicester  
LE19 1SA

Signed \_\_\_\_\_

Full Name \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_