

Our Ref: 130127/SB/SB

AUTHORITY FOR DISCLOSURE OF PERSONAL AND FINANCIAL INFORMATION

To whom it may concern,

I, Mr Paul Stirland of 7 Field Close, Welton, LINCOLN, LN2 3TT authorise you as a **Pension Provider/ SIPP Operator/ SIPP Administrator/ Financial Advisor** to release to my solicitors TLW Solicitors 9 Hedley Court Orion Business Park North Shields Tyne & Wear NE29 7ST any information, whether deemed confidential or otherwise, as may be requested from time to time by TLW Solicitors.

I confirm that I have lawfully contracted with TLW Solicitors and give them full authority to make a claim on my/our behalf.

I have expressly instructed that all communications and correspondence from you must be made directly with them.

I authorise you to make any compensation payments due to me in settlement of any claim direct to TLW Solicitors.

This authority will endure until further notice and a copy of it shall have the same validity as the original.

Client 1 Signature*

P Stirland

Date... 14 - 7 - 17