

AUTHORITY INSTRUCTION

From:

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.....

Date:

To:

Trustee Bank Account	Name of Bank:	_____
	Address:	_____ _____ _____ _____
	Account Number:	_____ _____
	Sort Code:	_____

Scheme Insurer	:	_____
	Address:	_____ _____ _____ _____
	Scheme Number:	_____ _____

Please initial :

Investment
Account

Account
Manager:

Address:

Policy
Number:

Authority is given to:

Pension Practitioner .Com Limited
Daws House
33-35 Daws Lane
London
NW7 4SD

To be provided with information relating to the bank accounts and investments held by the Trustees as may be requested from time to time.

Trustee Signatory:

Trustee Signatory: