**DOCUMENTS AUTHORITY FORM**

To:

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Ref: …………………………………………………………………………………………………………………………………….

I/We,

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Who live(s) at

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Telephone number (day time)

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Require any papers, documents, pension fund valuation and other such information held by you to be provided under my authority to Pension Practitioner.Com Limited, FCA Number 651082, Company Reg. Number 06028668.

This authority shall remain in force for 1 year from the date of this authority letter or until such time that I revoke this.

Signed:……………………………………………………………………………… Dated:…………………………….……