Client name

Client Address

POSTCODE

Provider Name
Providers ADDRESS
postcode

Date:-

Dear Sirs,

POLICY NUMBER : XXX
SCHEME NAME/TYPE : XXX

NINo: : XXX

D.O.B: XXX

Please accept this letter as my authority to provide to RC Administration Limited, of 1a Park Lane, Poynton, Stockport, England, SK12 1RD such information as is reasonably required in connection with my pension scheme with you.

Yours sincerely

Client name