Profile Pensions.

Letter of Authority

Please complete the following sections with as much information as possible.
It is important you complete the details marked with a cross (X) where indicated to allow us to start your review.

Title	Full name

Previous name (if applicable)

Date of birth DD | MM | YYYY ✕ | Intended retirement age

Address

Previous addresses (if applicable)

National Insurance number ✕

Preferred contact number ✕

Alternative contact number

Best time to call

We will only use this number to call you in relation to your no obligation pension review.

Email address

I hereby give my authority to provide Profile Pensions with any information it may require in respect of the following and any other plans I may hold:

Pension provider, company or scheme name eg. Scottish Widows, Aegon etc.	Policy numbers (if known)

I understand and accept that in order for a pension review to be completed Profile Pensions may need to share my personal details with pension companies, and I agree to such disclosure of personal data. I also authorise Profile Pensions to update/add/amend this LOA to include any additional pensions located via HMRC in order that Profile Pensions be able to complete a full pension review.

Signature ✕ | Date ✕

Profile Financial Solutions Ltd
Authorised and regulated by the Financial Conduct Authority No: 596398
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