

Client Name-
Clients NI-
Clients DOB-
Clients Address-
Clients policy No-
Life Company -

Information Authorisation

I / We authorise you to seek information from any relevant pension provider or pension trustee with regard to my pension benefits in order for you to provide 'Best Advice' under the Financial Services Act.

I/ We understand that this information will only be disclosed to a third party in accordance with the permission given by me / us under the Data Protection Act 1998 described in your Terms of Business under the section headed 'Disclosure of clients personal data'.

I / We understand that this agreement can be terminated in writing at any time. I / We confirm that you will be acting on my / our behalf as an Independent Financial Adviser in respect of my pension benefits only.

Please note this authority is for information only, do not transfer the agency of this policy to Harvard

Signature

Signature

Name

Name

Date

Date

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