

INFORMATION AUTHORITY FORM

I

(Full Name)

hereby authorise the administrator or insurer of:

please tick

 all pension arrangements of which I am a member

or

 the following pension arrangements of which I am a member

Company	Type of Scheme	Policy Number

to release any information which may be requested by:

Alltrust Services Limited
 Fountain House
 Fountain Lane
 St Mellons
 CARDIFF
 CF3 0FB

Signed

Scheme Name

Date

D	D	M	M	Y	Y	Y	Y
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Authorised and regulated by the Financial Conduct Authority for SIPP business

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 Registered Office: Fountain House, Fountain Lane, St Mellons, CARDIFF CF3 0FB