

## Letter of authority template

Your personal details			
Title (Mr/Mrs/Miss/Ms)	Date of birth	Address	
Forename(s)			
Surname		Postcode	
Email address		National Ins	surance number
Customer number			
	ple's Partnership permission to rele nples of what it can and can't be us		n about your accounts / policies to a third party, such w:
<ul> <li>requesting policy information</li> </ul>	n 🗸 requesting transf	fer form	<ul> <li>requesting statements</li> </ul>
X authorising transfers	🗙 authorising disinv	vestment	X switching investments
Dear Sir/Madam, Please accept this letter as my o	authority to release information to:		
Third party's name			
Company name		Address	
		Postcode	
Accounts / policies that the auth	nority applies to (it lett blank, author	rity applies to al	People's Partnership accounts / policies held by you):

(eg The People's Pension)

I understand that this letter of authority will be valid indefinitely, unless a new letter of authority is in place or an end date is stated below. I understand that I'm responsible for informing People's Partnership of any change to authority.

End date of authority (if applicable)

DD/	MM	/ YY)	ſΥ
/		/	· · )

Full name (Block capitals)

Signature	Date
	DD/MM/YYYY



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