

Letter Of Authority



To whom it may concern

Insurance Company / Provider

Policy Provider's Address

Policy Number(s)

Policy Phone / Fax

Approximate Value

Authority To Disclose

I hereby authorise you to provide Rock Pension Research and Marketing Limited with any information they may request from you concerning the above mentioned policy(ies) / scheme(s) and any other policies/schemes you may have in my name.

Name

Previous Name (if applicable)

Address

Previous Address (if you have moved since taking out your pension)

Postcode

Postcode

Date Of Birth

National Insurance Number

Phone Number(s)

Email Address

Name (please print)

Signature

Postcode

An authorised member of our regulated IFA network will be in contact with you soon.

Rock Pension Research and Marketing Ltd

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✉ info@RockPensionResearch.co.uk

💻 www.RockPensionResearch.co.uk

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