

Letter of Authority

To whom it may concern,

I grant permission to Cranfield Insurance & Investments Limited to obtain information relating to my pension scheme as detailed below

My Details

Full Name _____ Maiden Name (if applicable) _____

Date of Birth _____ National Insurance Number _____

Phone Number _____ Email Address _____

Current Address _____

Most Recent UK Address _____

New Zealand Residency Status

Temporary Permanent Citizen Date of New Zealand Tax Residency _____

My UK Pension Provider

Please provide a copy of your latest statement and fill in one form for each pension

Name of Provider _____ Policy Number _____

Address of Provider _____

Signature _____ Date _____