

Letter of Authority

Date of Registration:

PERSONAL INFORMATION

Full Name :

Date of Birth :

Home Address :

PPS Number :

PENSION 1 (Please complete where applicable)

Policy/ Ref No.:

Name of Employer:

Name of Trustee:

Pension Provider :

PENSION 2

Policy/ Ref No.:

Name of Employer:

Name of Trustee:

Pension Provider :

PENSION 3

Policy/ Ref No.:

Name of Employer:

Name of Trustee:

Pension Provider :

Notes:

To whom it may concern,  
I hereby give authority to retirementclaims.ie (Irish Pensions and Finance), to access all information on all products/pensions I have with \_\_\_\_\_ on my behalf.

Signed:

Date:

