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# Letter of Authority for Information Purposes Only

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## Member Details

Full Name

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Address

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Date of Birth

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Email Address

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Contact Number

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Plan/Entity Number

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Plan Name

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I, the above named, hereby authorise Overseas Trust and Pension to provide such information as may be reasonably requested on the above Plan to the Adviser listed below.

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## Adviser Details

Firm Name

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Adviser Name

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Contact Email

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Contact Number

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This letter authorises the above Adviser to request and receive information about the Plan. This letter does not authorise the Adviser to instruct any changes to the Plan and it does not appoint the Adviser. It is for INFORMATION REQUEST PURPOSES only.

**This Letter of Authority is valid for a period of three months and will then expire.**

To cancel this Letter of Authority prior to its expiry, please notify us at: [enquiries@trustandpension.com](mailto:enquiries@trustandpension.com). A fee applies for dealing with a Letter of Authority and providing the requested information. Details can be found on our Activity Fee Schedule on [www.trustandpension.com](http://www.trustandpension.com) and may include time-based charges.

Signature of Applicant

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Date (dd mm yy)

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