

(Enter your current Pension Provider's name and contact details below)

To
.....
.....
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Member Ref
Date of Birth
National Insurance number (if known)

Date:

Dear Sir/Madam,

I hereby authorise you to release any required information relating to my Pension currently held within your scheme to Qrops Pension Centre's authorised advisory company, IFA International Ltd, appointed by Capital Partners International Ltd.

Please also note that I wish you to accept a copy of this authorisation as if it were the original copy, be it in the form of a photocopy, fax or email scan.

Yours faithfully,

Signed.....

Print Full Name.....



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