



Letter of Authority			
From:	Policyholder / Member:		
	Date of Birth:		NI Number:
	Current Address:		
	Previous Address:		
	Email:		
	Member Ref/Policy Number		
Plan/Policy/Scheme Name:			
Provider/Administrator/Insurer:			
Provider/Administrator/Insurer Address:			
Provider/Administrator/Insurer Telephone:			
Provider/Administrator/Insurer Email:			
<p>I have appointed The Pensions Experts, to prepare a Pension on Divorce Expert (PODE) Report</p> <p><i><u>I confirm that you are to issue any information requested by The Pensions Experts directly to them.</u></i></p>			
Signature – please print out and sign by hand		Date	