

To: *(please write in the name and contact details of your insurer – if known)*

Dear Sir or Madam,

Form of Authority for my pension scheme(s) – Member/Policy Number(s):

I am enquiring about the benefits available from my pension policies. I have instructed Annuity Direct to act as my financial advisors so please supply them with any information or forms that they require.

Please appoint Annuity Direct as the servicing agent only for the Crystallisation of the above mentioned policies.

All information, forms and any queries should be sent to:

Annuity Direct Limited

Pascall House

Ryde

Isle of Wight

PO33 1QT

Tel: 0845 467 4620

Fax: 0845 467 4630

Email: admin@annuitydirect.co.uk

Your Signature

Date

Your Full Name (please print)

Your Full Address (including Postcode)

NOTE TO PROVIDING COMPANY: If this Form of Authority is being sent by a company pension scheme, the person does so on behalf of the scheme's trustees.