

## Letter of Authority

**Pensions Services, London Borough of Lewisham to request information only in relation to my pension and investment plans and policies**

### Your personal details:

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Current Address:</b>	
<b>Post Code:</b>	
<b>Previous Address:</b>	
<b>Post Code:</b>	
<b>National Insurance Number:</b>	

### Your previous pension details:

<b>Name of Previous Provider:</b>	
<b>Address of provider:</b>	
<b>Post Code:</b>	
<b>Policy Number:</b>	

I authorise the London Borough of Lewisham, Pensions Team, 4<sup>th</sup> Floor Laurence House, 1 Catford Road, London, SE6 4RU to act on my behalf in connection with my previous pension rights.

To my previous provider: please supply Lewisham Pensions Team with all details they require in connection with the above policy held with you.

Signature:

Date: