

Pension Protection Fund (PPF) authority form



Your personal details

Full name of member:

Name of former pension scheme:

Member's address
Post code:

Member's date of birth

Member's National Insurance Number

Details of authorised person/company to release information to :

Name of authorised person or company. Please print name
Mr/Mrs/Miss/Ms
(delete as applicable)

Address
Post code:

Relationship to member

Landline telephone number

Mobile telephone number

Email address

I, *(insert name here)* _____, authorise the PPF to release information requested by the above named party.

This authority form will be valid for 12 months from the date of my signature.

Your signature: Date: / /

Return to PPF Member Services, Pension Protection Fund, PO Box 254, Wymondham, NR18 8DN