



HSC Pension Service

Letter of Authority

I, the undersigned,

Name : _____

Address: _____

Date of Birth : _____

Ref No/NINO : _____

authorise the person detailed below to act on my behalf in requesting information regarding my HSC pension.

Name : _____

Company Name ; _____

Address : _____

This authorisation is valid for _____ weeks/months/years (delete as appropriate)

Signature

Date

