**HSC PENSION SERVICE – SPECIMEN AUTHORISED SIGNATURE**

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| **Job Title** | **Name** | **Specimen Signature** |
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**The above named are permitted to sign Pension Scheme forms on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GP Practice Ref No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorised by Head of Practice: Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer Stamp:**

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