

Financial Assistance Scheme (FAS) Authority Form



Part A Your details

Title: Full name:

Name of former pension scheme:

Date of birth
(day/month/year):

National Insurance number
(e.g. AA000000A):

Address:

Postal Code or
ZIP Code:

Country:

Part B Details of the authorised person or company to release information to

Full name of person or company:

Address:

Postal Code or
ZIP Code:

Country:

Telephone number:

Email address:

Part C Declaration

I authorise the PPF (FAS) 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:

If you wish to use post, please sign and date the form and return to the following address:
Financial Assistance Scheme, PO Box 287, Wymondham, NR18 8EZ

Alternatively, you can send us a scan of this form via our 'Send us a document' facility which is available in the 'Communications' menu when logged in to the Financial Assistance Scheme member website.

For more information on how we use your data, please visit <https://www.fasmembers.org.uk/en/PrivacyPolicy>