

# Financial Assistance Scheme(FAS) 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 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:  /  /

**Return to FAS Member Services, Financial Assistance Scheme, PO Box 287, Wymondham, NR18 8EZ**