

**Mandate form – releasing details of all my pension rights**

Surname	
First and middle name(s)	
Maiden name (if applicable)	
Date of birth	
National Insurance Number	

Current address	
Previous address (if moved in last 3 years)	

Pension scheme name	Ref #

I hereby consent and authorise you to release details of all my pension rights listed above to:  
**PR Actuarial, 534 Streetsbrook Road, Solihull, B91 1RD. T: 07484 678 922, E: randhir@practuarial.com**  
 for a period of 12 months from the date of my signature.

Signature	
Dated	