SIPPS/QROPS
Letter of Authority

+66 83 089 9321
info@investmentsforexpats.com
www.investmentsforexpats.com

Personal Information

Member Name :	
Date of Birth :	
National Insurance No. :	
Current Address :	
Client's Address held by Scheme :	

Dear Sir/Madam,

I, the above named, hereby authorize you to provide any relevant information as may be requested by Investments For Expats regarding the following pension:

Pension Plan / Scheme :	
Policy / Scheme No. :	
Scheme Address :	
Signature :	
Date :	

For office use only

Advisory Office :	Adviser :	Coordinator :

This letter only authorizes Investments For Expats to request information on the above pension scheme and does not constitute an authority to make changes to the above scheme, nor does it constitute an application to move the Members pension to another provider or Scheme.