

Letter of Authority

Provider Name	Policy Number / address of Occupational Scheme

Dear Sir/Madam,

Please accept this letter as my authority to provide Lemonade LLP (FCA No. 608554) with any information they may request from you with regards to my policy(s) for a minimum of 1 year from the date of this letter. Please do not change the servicing agent.

Thank you in advance for your co-operation in this matter.

Yours faithfully,

..... Date

Name:

Address:

Date of Birth:

NI no:

Contact Email Address:

Contact Telephone Number:

Current Employer

Important note to client:

All policy numbers for all plans will need to be completed before we can start our analysis. If you have an Occupational Scheme, we will need contact details of the Scheme Administrators.

If you have an Occupational Scheme that you do not know where the benefits are now held please contact The Pension Service (please see web address below).

<https://www2.dwp.gov.uk/tps-directgov/en/contact-tps/pension-tracing-form.asp> - Pension Tracing Service.

Once completed please return to the following address:-

**Paula Fitzpatrick
Lemonade
Postford Mill
Mill Lane
Chilworth
Guildford
GU4 8RT**