

Letter of Authority for Standard Life

Adviser Firm Details

Name of Firm:

Address:

Post Code:

FCA Number:

Name of Adviser / Partner:

Email Address:

Phone No:

Network Details:

Note to Adviser:

On submitting this form, you agree to indemnify Standard Life should information be released to you.

Policyholder(s) Details

Policy Holder 1 Full Name:

Policy Holder 1 Date of Birth:

Policy Holder 1

National Insurance No:

Policy Holder 2 Full Name:

Policy Holder 2 Date of Birth:

Policy Holder 2

National Insurance No:

Email Address:

Phone No:

Address:

Post Code:

Policyholder(s) Details (Continued)

Previous Name (if changed):

Previous Address (if changed):

Previous Post Code
(if changed):

Please accept this letter as authority to provide the above named adviser with full details of the following policies. This is not a change of servicing adviser and simply a request to provide information only.

This instruction will remain valid until further written notice from me:

All my policies with Standard Life (Please check if you want to release information on all policies held)

The specific policies listed below (Please check if you only want to release information on the policies specifically listed)

Policy/Plan number: (Note: Please always provide at least one policy number for reference and security purposes)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Data Protection Notice

We're committed to maintaining the trust and confidence of our customers. Our Privacy Policy explains how we use our customers' personal information. It explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how you can obtain details of the information we hold about you, and the choices you have about how we use that information. You can get a copy of our Privacy Policy on our website: www.standardlife.co.uk/privacy

Signatures of all policyholders (includes Power of Attorney, Trustees, Assignees where appropriate)

Signature	<input type="text"/>	Full Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	<input type="text"/>	Full Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	<input type="text"/>	Full Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	<input type="text"/>	Full Name	<input type="text"/>
		Role	<input type="text"/>
		Date (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Once the form has been fully completed and signed by all parties, it should be returned to the following email address:

PPP@Standardlife.com for Individual Pensions

Service_GP@Standardlife.com for Workplace and Group Pensions

On receipt of the completed form, we will arrange for a full plan information pack to be issued for the plan(s) listed.

www.standardlife.co.uk

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