

Letter of Authority

Please complete one page for EVERY pension plan you hold.

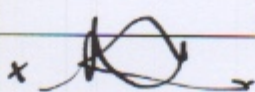
To: (complete your pension provider details, you should be able to find this information on a recent statement or correspondence)	
Pension Provider Name:	SSAS Team - Rowanmoor Pensions
Address:	Rowanmoor House 46-50 Castle Street Salisbury SP1 3TS
Policy/Reference Number:	AMANDA DAVIES - NW 14 14 16 C
Current value/transfer value:	
Date of valuation:	

From: (complete your details)			
Name:	AMANDA DAVIES	Previous Name:	
Address:	3 THE COVERT SPANDON DERBY DE21 7RZ	Previous Address:	
National Insurance number:	NW 14 14 16 C		
Date of Birth:	25-07-1970		

Declaration

I hereby give authority to Cranfords (trading style of 03110950 Ltd) to access necessary information in relation to my plan until further notice. I instruct you to provide them with any information they might require in order to investigate and/or carry out the takeover of my SSAS Scheme.

Please also remove any other Third Party Authority from this Pension Scheme with immediate effect.

Name	AMANDA DAVIES	
Signature	x 	Date 4/10/18