



I hereby give my authority to provide Hilltop Finance with any information they may request in respect of the following contract(s)/ account(s) and any linked plans I may hold with you.

Pension Provider Name	Scheme Name & Policy Number
<input type="text"/>	<input type="text"/>

Please complete the following sections with as much information as possible.

Current Full Name	<input type="text"/>		
Previous Name <small>(If different when in the pension scheme)</small>	<input type="text"/>		
*Email Address <small>(Important)</small>	<input type="text"/>		
Date of Birth <small>(Required)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	National Insurance Number <small>(Required)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Current Full Address <small>(Including postcode)</small>		Previous address <small>(If different when in the pension scheme)</small>	
<input type="text"/>		<input type="text"/>	

I accept that in order for Hilltop Finance to act as advisers on my pension plans, they may need to share my personal information with pension companies, financial advisors and related companies, and agree to such disclosure for the specific purpose of providing a pension review.

Signature:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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This authority shall continue to apply until cancelled by me in writing or Hilltop Finance advises you that their services have been discontinued.