

Authorisation to release information

I hereby authorise the Trustee and Barnett Waddingham LLP, as administrators, to supply any information concerning my membership and benefits under The Consortium CQR Scheme to:

My appointed adviser

Name

Phone

Company

Address

Email

Website

Signature:

Date:

Full name:

and/or

My proposed receiving arrangement / pension provider (if applicable)

Name of arrangement

Phone

Name of provider

Address

Email

Website

Contact name

Position

Signature:**Date:****Full name:****Please return this form to:**

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