

# LETTER OF AUTHORITY

To whom it may concern:

Please accept this Letter of Authority as approval to provide any information relating to my pension scheme listed below, to the following company:

Cranfield Insurance & Investments Ltd  
PO Box 10-812  
Wellington  
New Zealand

[www.transfermyukpension.co.nz](http://www.transfermyukpension.co.nz)  
☎ +64 4 472 1170  
✉ [enquiries@transfermyukpension.co.nz](mailto:enquiries@transfermyukpension.co.nz)  
☎ +64 4 472 7797 (fax)

---

Name Date of Birth

---

Maiden Name (if applicable)

---

National Insurance Number

---

Current Address

---

---

Email Phone Number

---

Last UK Address

---

---

Residency Status  Temporary (please state date of New Zealand Tax residency) Date:

Permanent (please state date of New Zealand Tax residency) Date:

Citizen (please state date of New Zealand Tax residency) Date:

---

Name of UK Pension Provider –please provide a copy of your latest statement – fill in 1 form for each pension

---

---

Address of UK Pension Fund

---

---

Policy Number

---

---

Signature Date

---

Cranfield Insurance & Investments Ltd  
PO Box 10 812  
Wellington  
New Zealand

✉ [enquiries@transfermyukpension.co.nz](mailto:enquiries@transfermyukpension.co.nz)  
☎ +64 4 472 1170  
☎ +64 4 472 7797 (fax)