

# Pension Protection Fund (PPF) Authority Form



## Part A Your details

Title: Full name:

Name of former pension scheme:

Date of birth  
(day/month/year):

National Insurance number  
(e.g. AA000000A):

Address:

Postal Code or  
ZIP Code:

Country:

## Part B Details of the authorised person or company to release information to

Full name of person or company:

Address:

Postal Code or  
ZIP Code:

Country:

Telephone number:

Email address:

## Part C Declaration

I authorise the PPF to release information requested by the above named party.

**This authority form will be valid for 12 months from the date of my signature.**

Your signature:

Date:

If you wish to use post, please sign and date the form and return to the following address:  
Pension Protection Fund, PO Box 254, Wymondham, NR18 8DN

Alternatively, you can send us a scan of this form via our 'Send us a document' facility which is available in the 'Communications' menu when logged in to the Pension Protection Fund member website.

For more information on how we use your data, please visit [www.ppfmembers.org.uk/en/PrivacyPolicy](http://www.ppfmembers.org.uk/en/PrivacyPolicy)