

Pension/Investment Letter of Authority



We will send this authority to the company or provider to inform them that you have given Security & Wealth the authority to act on your behalf. It needs to be signed by you and any additional account holders, if applicable.

Full Name (including title)

Joint Policy Holder Full Name (including title)

Contact Number(s)

Pension Provider

Investment Provider

Independent Financial Advisor (IFA)

Current Address

Date of Birth

Joint Policy Holder Date of Birth

Email Address

Account Number

Account Number

Previous Addresses

To whom it may concern

I/We appoint and expressly authorise Security & Wealth to act on my/our behalf as agents in pursuing my/our complaints in relation to the sale of Financial Products, Investments and Services.

I/We have given Security & Wealth full authority to make a claim on my/our behalf and have expressly instructed that all communications and correspondence must be direct with Security & Wealth.

I/We also give authority to any third party to obtain secondary information including solicitors, the Financial Services Compensation Scheme or the Financial Ombudsman Service at the discretion of Security and Wealth

I/We accept that by signing this form it gives Security & Wealth permission to contact us in relation to my/our Pension(s) and/or Investment(s) and/or Financial Services during the term of those products and services.

Client Signature:

Client Signature:

I/We acknowledge that this allows Security and Wealth authority to access all personal information, held by your firm, under section 45 of the Data Protection Act 2018

I/We acknowledge I/We could pursue this claim against the company myself/ourselves without the involvement of Security & Wealth, but I/We have instead opted to engage Security & Wealth whose fee will be recoverable from me/us from any monies and/or compensation received from this claim. I/We authorise any settlement to be paid directly to the S and W client account

I/We understand that, in addition to the present Letter of Authority I/We will need to provide further information when raising an expression of dis-satisfaction to the third party, about the underlying product(s), service(s) and where known, specific account number(s) being complained about. Doing so will enable the third party to assess and determine the complaint as quickly and as effectively as possible.

Date:

Date: