



Authority form

Please complete this form if you wish to transfer your UK pension funds to the Garrison Bridge Superannuation Scheme.

I authorise my Adviser to act on my behalf for the purpose of **[DELETE ONE] actioning the transfer to a New Zealand QROPS / obtaining a transfer value** and request that they are provided with any information required to complete the transfer.

I request a transfer value and transfer documents to enable a transfer to a New Zealand QROPS and any other relevant information to my adviser as below. Please advise if the scheme is in deficit.

Personal Information										
First Name(s)										
Surname										
Date of Birth	dd	mm	yyyy	National Insurance Number						
Residential Address										
Previous UK Address										
Signature					Date					

Pension Scheme Information	
Name of Pension Scheme	
Name of Scheme Provider	
Pension Scheme Number/Reference	

Adviser Information	
Name	Company
Postal Address	
Contact Phone Number	
Email	