

**Letter of Authority to Contact Previous Scheme**

To (Co Name) \_\_\_\_\_

Full Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy No: \_\_\_\_\_

Please provide the Church of England Pensions Board with such details of my benefits under your scheme as they may require.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_