

Momentum Pensions Malta

Letter of Authority Form

01. Introduction

This Letter of Authority should be completed by the Member and, where applicable, the Adviser requesting access to information.

The authority will remain valid for 12 months from the date the request is processed.

Once completed and signed, please email the form to: malta@momentumpensions.com

02. Member Details

Surname	Forename(s)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Scheme ID/Policy Number	National Insurance Number	
<input type="text"/>	<input type="text"/>	

03. New Financial Adviser Details

I confirm I wish to give the following Firm authority to receive information concerning my scheme.

Company Name	Adviser Name
<input type="text"/>	<input type="text"/>
Regulator	Licence Number
<input type="text"/>	<input type="text"/>
Adviser Email Address	Telephone Number
<input type="text"/>	<input type="text"/>
Additional Email Address (if required)	
<input type="text"/>	
Business Address	Registered Office Address (if different)
<input type="text"/>	<input type="text"/>

04. Member Declaration

I confirm that I am authorising Momentum Pensions Malta Limited to release the following information to the company named in Section 3 for information only purposes: type of scheme, details of scheme, start date of scheme, plan charges, cash balance, current valuation, retirement options, latest fund split, details of any income, intended retirement age, expression of wishes, and member bank account transactions.

I understand that this Letter of Authority does not appoint the company or individual named in Section 3 as my Financial Adviser, nor does it give them any authority to provide instructions, make changes to my plan, or act on my behalf in any capacity.

I authorise Momentum to instruct my current Investment Provider(s) to release information relating to the investments held within my plan, and I authorise my Investment Provider(s) to provide such information directly to the company named in Section 3. I understand that this authority relates solely to the sharing of information and does not permit any changes to be made to my plan or its investments.

I understand that this authority is strictly limited to the provision of information only.

I confirm that this authority will remain valid for one year from the date Momentum receives the signed Form, unless I revoke it sooner by notifying Momentum in writing.

I declare that all information provided by me on this Form is, to the best of my knowledge and belief, correct, accurate, and complete.

Member's Name

Member's Signature

Date