

Dear Member,

Please complete this form if you wish to grant consent to a third-party individual/organisation to be given access to your personal information.

Member Name:	
Date of Birth:	
Address:	
Pension Referen	ce Number:
National insuran	ce Number:
Name and regist given:	tered address of individual / organisation for which consent is being
Date on which o	consent is being given*:

*consent will last 6 months from this date

□(Please tick) I, as a member of West Midlands Pension Fund, provide consent to the above individual / organisation being given access to my personal and financial information for the purposes of providing independent financial advice on pension matters and / or to facilitate the transfer of pension benefits to another scheme/organisation. By consenting to the sharing of information, I understand that the following information may be shared depending on the request:

- Personal information (Inc. Title, Forename, Surname, Address, DOB, NINO, Sex, Marital Status)
- Start/End date of pension record (Inc. calculations of service amounts)
- Current value of pension benefits
- Current cash equivalent transfer value of the pension benefits
- Income details (such as pensionable pay, actual salary and hours worked throughout whilst contributing to the scheme)
- Details of the contributions paid (Inc. any additional voluntary contributions paid)
- Projected value of pension benefits at age 65 or State Retirement Age (whichever is applicable, including Guaranteed Minimum Pension (GMP) amount, if applicable)
- Details of potential Death Benefits (Inc. details of survivor's pension)
- Details of potential Death Benefits recipients (nomination form)
- Details of early-retirement options available and the financial penalties incurred
- Details of any previous transfers that may have been made into the WMPF scheme
- Annual allowance or lifetime allowance
- All documents and records relating to your pension (Data Subject Access Request)
- Confirmation of all personal data held on file (Data Subject Access Request)



Signed:	
Print:	
Date:	

By consenting to the sharing of your information you understand that the West Midlands Pension Fund will provide the information that has been requested directly to the third-party without contacting yourself as our member beforehand.

Under the Data Protection Act (2018), you as the data subject, can withdraw consent from the third-party at any time. If consent is not withdrawn, then this letter of authority will last for **six months from the date in which consent is given above**. If consent is required for longer than six months, then a further letter of authority will need to be completed to extend consent past the period outlined. Please note, the Fund will not contact scheme members as a matter of course to renew letters of authority.

Please note, that to further secure the transfer of personal information to third parties, we request that when the individual/organisation with agreed authority contacts the Fund they must provide adequate confirmation of identity, in line with Fund security procedures If written correspondence is received from a third party organisation, then it must be provided on letter-headed paper or from a registered e-mail address.

The West Midlands Pension Fund complies with the requirements of data protection in the management of our members' personal data. For more information on how we use your data and your rights of access to information, please visit <u>http://www.wmpfonline.com/privacynotice</u>

Once completed, this form should be returned to the West Midlands Pension Fund by yourself or by the individual/organisation to which consent has been granted. Upon receipt of this form, once validated, the West Midlands Pension Fund will provide the information requested.

Yours sincerely,

Rachel Howe Head of Governance and Corporate Services (Data Protection Officer