

## Authority to Disclose Form

**Please complete all sections of the form**

I ..... give authority for Wiltshire Pension Fund to discuss my Pension Benefits with the person/s stated below:

PERSONAL DETAILS								
Surname								
Forename(s)								
Date of Birth								
National Insurance Number								
Address								
Telephone Number								
Email Address								

### How to return

**Upload** this form via **Document Upload** on [My Wiltshire Pension](#)

**Email** to [PensionEnquiries@wiltshire.gov.uk](mailto:PensionEnquiries@wiltshire.gov.uk)

**Post** to Wiltshire Pension Fund, PO Box 2096, Livingston EH54 0HH

### VERIFICATION (not required if uploading on My Wiltshire Pension)

Signature:	Print Name:	Date:
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#### Privacy Notice

We will use this personal data to administer your benefits at Wiltshire Pension Fund. From time to time we will share your personal data with third parties, including our contractors, advisors, government bodies and dispute resolution and law enforcement agencies and insurers in order to comply without obligations under law, and in connection with the provision of services that help us carry out our duties, rights and discretions in relation to the Fund. These organisations are listed in the full Privacy Notice.

If you would like to access any of the information we hold about you or have any concerns regarding the way we have processed your information then please contact the Wiltshire Pension Fund on telephone number 01225 713613 or by emailing [pensionenquiries@wiltshire.gov.uk](mailto:pensionenquiries@wiltshire.gov.uk) if you require any further information.