**Annual Allowance Pension Savings Statement (PSS) Bulk Authority Mandate**

(This must accompany a Bulk Request List)

|  |
| --- |
| **PART 1 - COMPANY DETAILS** |
|  |
|  |
| Company Name |  | Contact address |
|  |  |  |
| Named Contact |  |  |
|  |  |  |
| Telephone Number |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Postcode |  |  |  |  |  |  |  |
|  |  |  |  |
| Email address |  |

**PART 2 - DECLARATION**

|  |  |  |
| --- | --- | --- |
| Number of Members |  |  |
|  |  |  |

I declare that:

* I have authority to act on behalf of the above company as a certified and assessed person on the Financial Services Register, or with the express permission of such a person.
* We are an IFA regulated and registered by the Financial Conduct Authority.
* We have authority to submit requests on behalf of these members.
* Letters of authority have been provided to SPPA for these members.
* As a trusted stakeholder of SPPA, this mandate acts to reaffirm the validity of letters of authority currently held by SPPA for members listed on the accompanying Bulk Request List.

I confirm that:

* We understand that this mandate is valid for 12 months from the date signed.
* We understand that all Pension Savings Statements will be issued directly to the member.
* We understand that any member wishing to submit a scheme pays election form must submit a signed application themselves.
* We understand that further information on SPPA’s Data Protection and Privacy Policy is available on SPPA’s website: <https://pensions.gov.scot/data-protection-privacy-policy>.

|  |  |  |
| --- | --- | --- |
| Signature |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |  |  |  |

Please return completed Mandate and Bulk Template list using EGRESS return email to SPPATAVA@gov.scot