

Authority for Correspondence/Payment to an Agent

Date:

Claimant's Social Security Number:

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IMPORTANT: please quote this number whenever you contact Customer and Local Services.

Claimant's Name _____

Address _____

Agent's Social Security Number:

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Agent's Name _____

I hereby authorise _____ residing at

to deal with all matters relating to Social Security Benefits and Pensions.

My agent who has signed *below in my presence is my _____(state relationship (if any))

Claimant's Signature (in ink) _____ Date _____

*Agent's Signature (in ink) _____ Date _____

This form must be submitted to the Pension Team at Customer and Local Services before correspondence/payment can be made to the agent. Appointment of an agent may be cancelled at any time by the claimant on application, but otherwise remains valid for the duration of the current claim.