



---

## Authorisation

**i** This authority must be signed by the person named in form  
APSS146A *Registered Pension Scheme Repayments Third party authority.*

<b>5</b>	I authorise the person(s) named in question 4 to make repayment applications on behalf of this organisation.	Capacity within the authorised agency
	Full name	<input type="text"/>
	<input type="text"/>	Date <i>DD MM YYYY</i>
	Signature	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>	

### What to do next

When you have completed this form

please send it to:

HM Revenue & Customs

Pension Schemes Services

Fitz Roy House

Castle Meadow Road

Nottingham

NG2 1BD

For further advice go to

[www.hmrc.gov.uk/pensionsschemes](http://www.hmrc.gov.uk/pensionsschemes) or

phone the helpline on **0845 600 2622**.