

# Application for a State Pension statement

## Part 6 your representative

Please give details of your representative.

If you are a Personal Acting Body, please give **your** name and address.

**Surname or family name**

Title	
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**Other names**

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**Organisation's name**

If this applies

UK Pension Transfers Australia
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**Full address including postcode**

PO Box 307
Wanneroo
WA 6946

**Daytime phone number**

Code	08	Number	9309 4001	Ext	
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**Mobile Number**

Code	+61	Number	0451 534 699
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**Reference number**

If you know it

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Please go to **Part 7**

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## Part 7 Signature

Please sign and date this form.

**Signature**

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**Date – DD/MM/YY**

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