

Letter of Authority - DWP (HRP-related State Pension Correction)

Client Details

Full Name: _____

Address: _____

Date of Birth: // _____

National Insurance Number: _____

Authority

I authorise **Richmond Carter Ltd** to act as my **representative only for the following matter**:

HRP-related State Pension correction (including any linked effect on Pension Credit, if applicable).

I authorise the **Department for Work and Pensions (DWP)** to:

- discuss this HRP-related State Pension issue with Richmond Carter Ltd;
- share information with Richmond Carter Ltd about my State Pension and, where relevant, any linked Pension Credit decision; and
- respond to enquiries, requests for explanation, and any **mandatory reconsideration or appeal (SSCS1)** about this same issue only.

This authority **does not**:

- authorise Richmond Carter Ltd to **receive any payment or benefit on my behalf - any arrears or underpayments must be paid directly to me**;
- change who my benefit is paid to or alter my bank details; or
- make Richmond Carter Ltd my **appointee, attorney or deputy**. It is simply permission for DWP staff to talk to Richmond Carter Ltd and share information about this specific HRP-related issue.

This authority is **limited to this matter only** (including any related reconsideration or appeal) and will continue until the HRP-related State Pension issue is completed. I may revoke this authority at any time by telling DWP or Richmond Carter Ltd in writing or by phone.

Client Declaration

Signed: _____ Date: // _____

Name (print): _____

Representative Details

Richmond Carter Ltd
2nd Floor, 28a, Middle Hillgate
Stockport, SK1 3AY
Email:
info@richmondcarter.co.uk Tel:
0161 507 7692