

**Letter of Authority – State Pension, National Insurance and Related Entitlements (including Home Responsibilities Protection)**

**Richmond Carter Ltd**

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Tel: 0161 507 7692

Company No. 13018050

Agent Reference Number (ARN): BARN0049784

Self-Assessment Agent Code: 2678EP

PAYE Ref: HZ4215

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**To Whom It May Concern at HMRC and the Department for Work and Pensions (DWP):**

**RE: Letter of Authority – State Pension, National Insurance and Related Entitlements (including HRP)**

I, ....., of

.....,

born on ....., National Insurance Number: .....,

hereby authorise Richmond Carter Ltd to act on my behalf in relation to the investigation, preparation, and submission of claims concerning my State Pension, National Insurance record, Home Responsibilities Protection (HRP), Pension Credit, and any associated entitlements.

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**Client Authority**

This authorisation includes, but is not limited to:

- Communicating with HMRC and DWP by phone, post, or digitally
- Requesting and receiving my National Insurance and HRP records
- Preparing, submitting, and managing all documentation, forms, and appeals relevant to my claim(s)
- Liaising with government departments to clarify any discrepancies or provide supporting information
- Receiving correspondence directly related to my claims

I consent to Richmond Carter Ltd handling my personal data solely for the purposes of processing my claim(s), in accordance with the UK GDPR and Data Protection Act 2018.

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### **Extended Authority**

This authority also covers all matters relating to my State Pension, National Insurance record, Home Responsibilities Protection (HRP), Pension Credit, and associated entitlements. Richmond Carter Ltd may:

- Request and receive my National Insurance statements, contribution history, credits, and qualifying years.
  - Request and receive my State Pension forecast, including any breakdown of current or projected entitlement.
  - Request and receive copies of my original State Pension award letter and any subsequent corrections, arrears, or underpayment records.
  - Request and receive any correspondence, records, or notices from HMRC or DWP relating to my pension entitlement, adjustments, recalculations, or reviews.
  - Request and receive information relating to Pension Credit entitlement, non-uptake, or arrears.
  - Liaise with HMRC/DWP to clarify calculations, including access to internal notes or records necessary to determine or revise my entitlement.
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### **Repayment Nomination**

I authorise Richmond Carter Ltd to receive, as my nominee, any back-dated arrears/back-payments issued by HMRC or DWP as a result of my claim(s). This is a bare nomination only and is intended to operate in accordance with HMRC PAYE Manual PAYE91040 (Nominees). I may withdraw this nomination at any time before HMRC/DWP issues any repayment.

- Richmond Carter may request HMRC/DWP to issue any arrears/back-payments to Richmond Carter Ltd as nominee, solely so Richmond Carter can deduct its agreed fee and promptly remit the balance to me.
- The success fee is 40% Plus VAT of arrears/back-payments actually received (net of any HMRC/DWP set-offs), as set out in Richmond Carter's Terms & Conditions and Conditional Fee Agreement (CFA).

- If HMRC/DWP pays me directly, I agree to pay Richmond Carter's fee within 7 days of receipt.
- This Letter of Authority is submitted alongside Form 64-8, appointing Richmond Carter Ltd as my authorised tax agent.
- Any repayment received by Richmond Carter on my behalf will be held on trust for me and the balance (after fee deduction) paid to my nominated bank account within 7 working days of clearance.

### **No assignment**

Following Spring Budget 2023, assignments of income tax repayments are void. This LOA uses a bare nomination only.

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### **Richmond Carter Ltd Bank Details**

Bank Name: Lloyds Bank

Account Name: Richmond Carter Ltd (Client Account)

Account Number: 22374760

Sort Code: 30-54-66

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### **Client Declaration**

This Letter of Authority remains valid until the completion of my claim(s) relating to State Pension, National Insurance, HRP, Pension Credit or associated entitlements, unless revoked by me in writing. If required, I agree to re-sign or reconfirm this authority upon request by Richmond Carter Ltd.

I confirm I have read and understood this Letter of Authority and give my full consent for Richmond Carter Ltd to act on my behalf. I understand that I can revoke this authority at any time by giving written notice.

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### **Client Details**

Full Name: .....

Date of Birth: .....

National Insurance Number: .....

Signature: \_\_\_\_\_

Date: .....

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**Agent Details**

Agent Name: Richmond Carter Ltd

Director: Mr. Bilal Khaliq

Agent Reference Number (ARN): BARN0049784

Signature: \_\_\_\_\_

Date: .....