

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

Client Details

Full Name: _____

Address: _____

Date of Birth: // _____

National Insurance Number: _ _ _ _ _

Authority

I authorise **Evanshaw 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 Evanshaw Ltd;
- share information with Evanshaw 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 Evanshaw 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 Evanshaw Ltd my **appointee, attorney or deputy**. It is simply permission for DWP staff to talk to Evanshaw 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 Evanshaw Ltd in writing or by phone.

Client Declaration

Signed: _____

Date: // _____

Name (print): _____

Representative Details

Evanshaw Ltd

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Cheadle, SK8 3GY

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Tel: 0161 241 1178