



Please complete this form using Adobe Acrobat Reader and then print it, sign it and return it to us. Press 'Tab' key to move between fields. Compulsory fields are marked in red.

**EARLY RETIREMENT REQUEST FOR QUOTATION**

**HOW TO COMPLETE THIS FORM**

**If you would like to request an early retirement quotation, please complete this form on-line, print it, sign it and send it to us at 23 King Street, Watford, Hertfordshire, WD18 0BJ.**

NAME:

DATE OF BIRTH:

MEMBER NO. (IF KNOWN):

N.I. NUMBER:

EMPLOYER/FORMER EMPLOYER:

POSITION/FORMER POSITION:

DATE AT WHICH YOU WISH TO RETIRE: LAST DAY OF: \_\_\_\_\_ 20

If you are an ACTIVE Member we will base our calculation on the last Pensionable Salary held on file. Should you decide to retire your Final Pensionable Salary will be based on details provided by your Employer and may differ from that used in the illustration to be provided.

If as an ACTIVE Member you require us to obtain full details now from your Employer please indicate as appropriate.

**I GIVE PERMISSION FOR YOU TO CONTACT MY EMPLOYER      YES      NO**

**Please state current address:**

Post Code

Please provide telephone number(s) at which we can contact you should we have any queries

- 1.
- 2.
- 3.
- 4.
- 5.

**Data Protection:**

I acknowledge that the Trustees, their advisers and administrators may process data which relates to me during the course of my membership of the Scheme in order to carry out their respective functions as Trustees, advisers and administrators of the Scheme. I agree that the Trustees, the advisers and administrators may record and hold such data and make it available to third parties in the ordinary course of these functions. I understand that the Trustees and any such third party, will comply with the underlying principles of the Data Protection Act 1998.

**Signed:** ..... **Date:** .....