

TRANSFER IN SERVICE ENQUIRY FORM

SECTION A: PERSONAL DETAILS

PLEASE USE CAPITAL LETTERS

Surname	Title
First name(s)	Previous surname(s)
Mobile number	Daytime telephone number
Home address	
	Postcode
Date of birth	National Insurance Number
Email address	

SECTION B: PENSION PLANS

PLEASE REVIEW THE FOLLOWING ARRANGEMENTS

Reference or policy number	Name & Address of Insurer/ Administrator	Name & Address of employer

TO ALL INSURERS/ADMINISTRATORS LISTED ABOVE.

I authorise The Cheviot Trust to obtain policy information only. I understand this will entitle them to receive information on policies identified above and I ask you to cooperate fully with them by providing the information they request. In the event that I have more pension plans under other policy numbers, please provide them with details on all pension plans.

I understand this will not entitle them to take over the servicing of the pension plan, nor to be paid fees or commission.

Note: This authority is to remain in place until I cancel it in writing.

I acknowledge that the information on this form is held and processed by The Cheviot Trust, my employer and organisations providing services for the purposes of administering the scheme, in accordance with the Data Protection Act 2018 and the General Data Protection Regulation. Further details about how we use your personal data can be found in our Privacy policy which is available at <https://mycheviotpension.com/privacy-policy/>

Please note, we can only accept a wet ink signature for this request. Please print sign and return using the details below.

Signature:	Date:
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Please complete this form and return to the following address:
The Cheviot Trust, Kingswood House, 58 – 64 Baxter Avenue, Southend-on-Sea, Essex SS2 6BG
T. 01702 354024 E. people@cheviottrust.com W. www.mycheviotpension.com