

Our special codes:



# Pension information form

Please complete all the information below to allow us to gather the details we need to check your pension.

## > Your personal details (Please complete in block capitals)

(If any of your personal details are printed incorrectly, please amend below)

National insurance no.*	<input type="text"/>	✓
Date of birth*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	✓
Daytime telephone	<input type="text"/>	✓
Mobile	<input type="text"/>	✓
Email**	<input type="text"/>	

\* Your provider requires your NI no. & date of birth for identification purposes

\*\* Please note that we may send sensitive information to this email address

## > Your pension plan details (Please complete in block capitals)

(Please list all of your pensions, including your current workplace one. Please continue on a separate sheet if necessary.)

Pension provider ✓	Plan number (if known)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you have a pension with your current employer, please list the provider name and plan number in the box opposite. We need this information because it helps to ensure our advice is 100% tailored to you. ▶

Your workplace pension details: ✓

## > Please choose one option

<input checked="" type="checkbox"/> Please provide Pension Access with information only <i>We can complete an initial investigation with this information. However, it will take longer to receive the information from your provider as they will manually process our requests.</i>	<input checked="" type="checkbox"/> Please provide Pension Access with full servicing rights <i>For a quicker service. By ticking this option we will be able to access the information we need electronically with many providers, significantly speeding up the process for you. Choosing this option does not allow us to make any changes to your pension. It simply speeds the process up.</i>
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If no option is chosen we will assume information only

## > Please sign and date

To the Provider/ Trustee/ (ex)Employer: I authorise you to provide Harbour Rock Capital Limited of Affinity House, Beaufort Court, Rochester, Kent, ME2 4FD with assistance and information relating to all policies held.

Signature ✓	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ✓
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