

Employer requested estimates

Consent form for members

Name of Member

National Insurance Number

Employer

I consent for my pension estimate to be forwarded to my employer and understand that this may include details on who I have nominated to receive a death grant lump sum

Or

I consent for my pension estimate to be sent directly to

my home address

or to

my email address

Email address

Signed by member

Date

Please return completed form to your employer's HR Department