



Parliamentary Contributory Pension Fund - CARE sections Authority form

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

Ni no.

PCPF member no.
(if known)

Date of birth:

Home address:

Postcode:

Telephone no.

Mobile no.

Email:

I am contributing to the MPs' Pension Scheme Ministerial Pension Scheme **(tick as appropriate)**

Current pension adviser details (e.g. Bank or independent financial adviser)

I authorise RPMI as Scheme administrator or the Pensions Unit as Secretariat to discuss and disclose details of my pension with my current adviser(s):

Name:

Address:

Postcode:

Telephone number:

Member declaration

Please note that this authority is only valid for six months from the date of signature. After this date you will need to complete a new authority.

Member signature:

Date:

Please return this form to: PCPF Administration Team, RPMI, PO Box 193, Darlington DL1 9FP



Parliamentary Contributory Pension Fund - CARE sections

Opt out form

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no.

PCPF member no. (if known)

Home address:

Postcode:

Telephone no.

Mobile no.

Email:

I am contributing to the MPs' Pension Scheme Ministerial Pension Scheme **(tick as appropriate) ✓**

MPs' Pension Scheme (please tick as appropriate ✓)

I wish to opt out of the Scheme from the date I was elected/re-elected to the House of Commons and declare this was within the last three months.

Date elected/re-elected to the House of Commons: / /

I wish to opt out of the Scheme from the end of the current month.

Effective opt out date: / /

I wish to opt out as an: MP Office Holder both

Ministerial Pension Scheme (please tick as appropriate ✓)

I wish to opt out of the Scheme from the date of my appointment/re-appointment as a Minister and declare this was within the last three months.

Date appointed/re-appointed as a Minister: / /

I wish to opt out of the Scheme from the end of the current month.

Effective opt out date: / /

I understand that by opting out of the Scheme, my family and I will be foregoing valuable pension and death benefits under the Scheme.

I understand that if I have opted out of the MPs' Pension Scheme I may not be permitted to rejoin unless I am re-elected.

Signed:

Date: / /

Please return this form to: PCPF Administration Team, RPMI, PO Box 193, Darlington DL1 9FP



Parliamentary Contributory Pension Fund - CARE sections

Partner nomination form

If you are unmarried or not in a civil partnership, you may nominate a partner to receive a pension from the PCPF on your death. To qualify:

- you and your nominee must be co-habiting, in an exclusive, financially dependent or inter-dependent relationship at the time of your death;
- you must not have been prevented from marrying or forming a civil partnership.

The benefit is available to both opposite and same sex partnerships.

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no.

PCPF member no. (if known)

Date of birth:

Home address:

Postcode:

Telephone no.

Mobile no.

Email:

I am contributing to the MPs' Pension Scheme Ministerial Pension Scheme **(tick as appropriate)** ✓

Your partner's details

Surname:

Forenames:

Title, decorations, etc: Date of birth:

Signed:

Date:

Please return this form to: PCPF Administration Team, RPMI, PO Box 193, Darlington DL1 9FP



Parliamentary Contributory Pension Fund - CARE sections

Death benefit nomination form

(contributing members under age 75)

If you die before the age of 75 while contributing to the Scheme, a lump sum benefit is payable at the discretion of the Trustees. This is generally not subject to income or inheritance tax, but will be subject to the Lifetime Allowance.

Please note: if you nominate more than one person, the total percentage of benefit must equal 100%.

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no.

PCPF member no. (if known)

Date of birth:

Home address:

Postcode:

Telephone no.

Mobile no.

Email:

I am contributing to the MPs' Pension Scheme Ministerial Pension Scheme **(tick as appropriate)**

It is my wish that any lump sum benefit payable on my death before age 75, while contributing to the Scheme, be paid to the following person or persons:

Full name of proposed beneficiary:

Address:

Postcode:

Relationship:

% of benefit

Full name of proposed beneficiary:

Address:

Postcode:

Relationship:

% of benefit

Full name of proposed beneficiary:

Address:

Postcode:

Relationship:

% of benefit

I understand that this nomination:

- Will cease to be valid if the nominee is my spouse, civil partner or same sex spouse and my marriage or civil partnership ends, or if any of the nominees die
- May be revoked at any time by my giving notice, in writing, to the Trustees
- May be disregarded if the Trustees are of the opinion that payment to the nominee is not reasonably appropriate (e.g. the nominees cannot be traced)

Signed:

Date:

/ /

Please return this form to: PCPF Administration Team, RPMI, PO Box 193, Darlington DL1 9FP

Administered by RPMI: PCPF, PO Box 193, Darlington DL1 9FP. T: 0845 555 3377 F: 01325 343 177 e: PCPF@rpm.co.uk

The Trustees, the Secretariat and their advisers, and the administrators of the Fund, will process personal data in relation to you in order to administer the Fund. This may include sensitive data (as defined in the Data Protection Act 1988). In accordance with the Data Protection Act 1998, all information concerning Fund members and their dependants will be treated by the Trustees and their advisers as confidential. If you wish to inspect any data that is held about you, please contact the administrators of the Fund.



Parliamentary Contributory Pension Fund - CARE sections

Added Pension/Effective Pension age - quotation request

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no.

PCPF member no. (if known)

Date of birth: / /

Home address:

Postcode:

Telephone no.

Mobile no.

Email:

I am contributing to the MPs' Pension Scheme Ministerial Pension Scheme **(tick as appropriate) ✓**

Options (please tick as appropriate ✓)

I would like a quotation for Added Pension Effective Pension Age

I would like this quote in relation to my Scheme membership as a

MP Office holder Minister

Please note that these options are subject to a maximum combined annual limit of £6,500 for MPs and Office Holders. There is an additional limit of £6,500 for Ministers.

Added Pension quotation (please tick as appropriate ✓)

I would like the added pension for

Myself only (single life) Myself and my dependants (joint life)

Please complete section 1 or 2 depending on the type of quotation you require.

1. I would like a quotation to purchase an Added Pension of £ per annum

2. I would like a quotation for Added Pension if I make:

Monthly payments of £ or % from my salary

or

A single lump sum payment of £

Effective Pension Age (EPA) quotation

Please note that you cannot have an EPA that will take your retirement age below 65.

I would like a quotation to buy an EPA of:

1 year 2 years 3 years

Declaration

I understand that by requesting a quote I am not obliged to continue with an application for either Added Pension or Effective Pension Age. Should I choose to proceed I acknowledge that I am required to complete an Added Pension/Effective Pension Age application form.

Signed:

Date: / /

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Parliamentary Contributory Pension Fund - CARE sections

Added Pension/Effective Pension Age - application form

Important: Please note that this application can only be accepted in April of each year or within a month of joining the Scheme.

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no.

PCPF member no. (if known)

Home address:

Postcode:

Telephone no.

Mobile no.

Email:

I am contributing to the MPs' Pension Scheme Ministerial Pension Scheme **(tick as appropriate) ✓**

Options (please tick as appropriate ✓)

I would like to buy Added Pension Effective Pension Age Both

I am applying as an MP Office holder Minister

Please note that these options are subject to a maximum combined annual limit of £6,500 for MPs and Office Holders. There is an additional limit of £6,500 for Ministers.

Added Pension (please tick as appropriate ✓)

I would like the Added Pension to be:

Single life Joint life

Please complete section 1, 2 or 3

1. I would like to buy an Added Pension of £ per annum by making fixed monthly payments or % of my salary monthly payments or a single lump sum payment.
or

2. I would like to buy an Added Pension by making monthly contributions of: £ from my salary or % of my salary
or

3. I would like to buy an Added Pension by a single lump sum payment of £

Effective Pension Age (EPA)

I would like to buy an EPA of:

1 year

2 years

3 years

Please note you cannot have an EPA that will take your retirement age below 65. Should your Normal Retirement Age change then your EPA option will also be adjusted.

Member declaration – you must sign and date this form

Please note that if you choose to make monthly payments for either Added Pension or Effective Pension Age these will start from the date your contract starts and will continue until the next General Election. You can cancel your monthly contract at any time but you must continue to pay contributions until the end of the Scheme year (31 March).

I give authority for the appropriate deductions to be made from my pay, including any arrears, until my Added Pension or Effective Pension Age contract has ceased.

Signed:

Date:

/ /

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Parliamentary Contributory Pension Fund - CARE sections Transfer in option form

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no.

PCPF member no. (if known)

Home address:

Postcode:

Telephone no.

Mobile no.

Email:

Your transfer in will be credited to the MP Section of the Fund, however if you would prefer your benefits to be transferred into one or more of the other sections that you are currently contributing to, please specify below:

MP Section % Ministerial Section % Office Holder Section %

Please note your percentages must equal 100%

I wish to transfer my previous pension benefits from:

to the PCPF.

Address:

Postcode:

The transferring scheme must be a Registered Pension Scheme.
Please provide the name of previous pension scheme, plus the address of the scheme's Trustee if possible.

Signed:

Date:

Please note that you will need to complete a separate copy of this form for each pension you wish to transfer into the PCPF.

You will also need to complete the Transfer in authority form.

Please return this form to: PCPF Administration Team, RPMI, PO Box 193, Darlington DL1 9FP



Parliamentary Contributory Pension Fund - CARE sections

Transfer in authority form

To the administrators of:

Name of your previous scheme:

Name of administrator/insurance company:

Address:

Postcode:

I authorise you to provide full details of my pension arrangements under the above scheme, including a current transfer value, to RPMI Ltd, as administrators of the Parliamentary Contributory Pension Fund (PCPF).

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no.

PCPF member no. (if known)

Date of birth: / /

Home address:

Postcode:

Telephone no.

Mobile no.

Email:

I am contributing to the MPs' Pension Scheme Ministerial Pension Scheme **(tick as appropriate)**

The information below may help the administrators/insurance company trace your record (please fill in as much as you can)

Previous employer:

Approximate dates of membership: From to

Membership number (if known):

Signed:

Date: / /

Please note that you will need to complete a separate copy of this form for each pension you wish to transfer into the PCPF.

Please return this form to: PCPF Administration Team, RPMI, PO Box 193, Darlington DL1 9FP



Parliamentary Contributory Pension Fund Retirement options form

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Home address:

Forenames:

Surname:

Postcode:

NI no:

Telephone no:

PCPF member no:
(if known)

Mobile no:

Date of birth:

Email:

I am contributing to the MPs' Pension Scheme Ministerial Pension Scheme **(tick as appropriate) ✓**

Request for payment benefits

I wish to apply for payment of my pension from (specify date)

I wish to apply for payment of:

- All my PCPF benefits
- Final salary section benefits (MP and/or Ministerial)
- MP/Office holder CARE section benefits
- Ministerial CARE section benefits

Your options

How are you going to take your benefits?

You have different options of how to take your benefits:

1. **Cash lump sum** - Choose how much lump sum you receive, up to the maximum available. Take more cash lump sum and less pension; or more pension and less cash lump sum; or a specified amount of lump sum. It is up to you.

Cash lump sum options (tick one box only) ✓

- Yes, I would like to take the maximum lump sum.
- I would like to take a specific lump sum of £
(this must be between the value of your minimum lump sum and the maximum lump sum shown on your estimate)
- I don't want to take a lump sum.

Your options continued

2. **Early Retirement Waiver** - You can elect to buy out the reduction on your benefits, the cost of which needs to be paid before your benefits are calculated (this option is only applicable if you are under Normal Retirement Age/Effective Pension Age).

Early Retirement Waiver - (please tick if required) ✓

- Yes, I would like to buy the Early Retirement Waiver.
Note: This option is only available to you if you are under Normal Retirement Age/Effective Pension Age.

3. **Allocation of pension** - If you have built up membership in the Ministerial Pension Scheme (CARE section only), you can give up some of your benefits to provide an extra pension for a dependant. Please contact RPMI for more details regarding this option.

Payment of pension

Please pay my pension into the following bank/building society account

Sort code:

Account no:

Roll no. (if applicable):

Account holder name:

Payment of tax-free cash sum

Please pay the tax-free cash sum (**tick one box**):

- into the same bank/building society account as my pension (detailed above)
- by cheque sent to my home address
- into my bank/building society account detailed below:

Sort code:

Account no:

Roll no. (if applicable):

Account holder name:

Lifetime Allowance (LTA)

I confirm that the value of my PCPF pension plus the value of all my other pensions which are currently being paid to me or will come into payment on or before my PCPF pension is paid:

- will not exceed the Lifetime Allowance (LTA)
- will exceed the Lifetime Allowance and I attach a Pension Protection Certificate
- will exceed the Lifetime Allowance. I do not have a Pension Protection Certificate

Calculating your Lifetime Allowance (LTA)

In assessing whether or not your pension entitlements exceed the LTA, please complete the following calculations:

- a) Multiply your PCPF pension by 20. If you decide to take a tax-free cash sum, you should multiply your *reduced pension by 20 and then add the tax-free cash sum to this figure.*
- b) Multiply the current annual pension you receive from other arrangements (where the first payment was made before 6 April 2006) by 25.
- c) For pensions from other pension arrangements paid, or transferred overseas, after 5 April 2006, total the value of the LTA used up from each pension. These figures should have been provided to you upon retirement or transfer.

Important notes

1. Do not include any benefits paid by the State in b) and c).
2. Should a tax charge be levied by HMRC as a result of incorrect information being supplied in relation to the overall value of all your pension entitlements and/or protection of your benefits, you will be personally liable for the tax charge.

Certificates

I enclose the following documents: (tick as appropriate) ✓ (These will be returned immediately by recorded delivery)

- Original birth certificate/passport
- Original marriage certificate/civil partnership certificate
- Original spouse's/civil partner's birth certificate/passport

Signed:

Date:

/ /

Please return this form to: PCPF Administration Team, RPMI, PO Box 193, Darlington DL1 9FP

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Parliamentary Contributory Pension Fund - CARE sections

Retirement options form (age 75)

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no.

PCPF member no. (if known)

Date of birth: / /

Home address:

Postcode:

Telephone no.

Mobile no.

Email:

I am contributing to the MPs' Pension Scheme Ministerial Pension Scheme **(tick as appropriate) ✓**

Claiming your benefits

A I am standing down from my 75th birthday (tick one box) ✓

I elect to receive the maximum tax-free cash sum and reduced pension (as detailed in the covering letter) from my 75th birthday, as I shall be standing down.

I elect to receive my full pension from my 75th birthday as I shall be standing down.

I elect to take a specified lump sum of £

Allocation of pension (tick if required) ✓ - If you are contributing to the Ministerial Pension Scheme you can give up some of your benefits to provide an extra pension for a dependant. Please contact RPMI for more details regarding this option.

B I am not standing down before I turn 75 (tick one box) ✓

I elect to receive the maximum tax-free cash sum (as detailed in the covering letter) and suspend payment of my reduced pension in excess of the GMP until I cease to be an MP.

I elect to suspend payment of my full pension in excess of the GMP until I cease to be an MP and to not receive a tax-free cash sum.

I elect to continue to contribute to the Scheme.

I elect to take a specified lump sum of £

Allocation of pension (tick if required) ✓ - If you are contributing to the Ministerial Pension Scheme you can give up some of your benefits to provide an extra pension for a dependant. Please contact RPMI for more details regarding this option.

Payment of pension

Please pay my pension into the following bank/building society account

Bank/building society sort code:

Bank/building society account no.

Bank/building society roll no. (if applicable)

Account holder name:

Payment of tax-free cash sum

Please pay the tax-free cash sum (**tick one box**):

into my bank/building society account. If this is a different account to the one into which your pension is to be paid, please provide the appropriate details below.

by cheque sent to my home address.

Bank/building society sort code:

Bank/building society account no.

Bank/building society roll no. (if applicable)

Account holder name:

Lifetime allowance (tick as appropriate) ✓

I confirm that the value of my PCPF pension plus the value of all my other pensions which are currently being paid to me or will come into payment on or before my PCPF pension is paid:

Will not exceed the lifetime allowance (LTA)

Will exceed the lifetime allowance and I attach a Pension Protection Certificate

Will exceed the lifetime allowance. I do not have a Pension Protection Certificate

Calculating your lifetime allowance (LTA)

In assessing whether or not your pension entitlements exceed the LTA, please complete the following calculations:

- a) Multiply your Scheme pension by 20. If you decide to take a tax-free cash sum, you should multiply your *reduced pension by 20 and then add the tax-free cash sum to this figure.*
- b) Multiply the current annual pension you receive from other arrangements (where the first payment was made before 6 April 2006) by 25.
- c) For pensions from other pension arrangements paid, or transferred overseas, after 5 April 2006, total the value of the LTA used up from each pension. These figures should have been provided to you upon retirement or transfer.

Important notes

1. Do not include in b) and c) any benefits paid by the State.
2. Should a tax charge be levied by HMRC as a result of incorrect information being supplied in relation to the overall value of all your pension entitlements and/or protection of your benefits, you will be personally liable for the tax charge.

Certificates

I enclose the following documents: (tick as appropriate) ✓ (These will be returned immediately by recorded delivery)

- Original birth certificate/passport
- Original marriage certificate/civil partnership certificate
- Original spouse's/civil partner's birth certificate/passport

Signed:

Date:

/ /

Please return this form to: PCPF Administration Team, RPMI, PO Box 193, Darlington DL1 9FP

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Parliamentary Contributory Pension Fund - CARE sections

Application for payment of Guaranteed Minimum Pension

Certificates (please tick as appropriate ✓)

I enclose the following documents: (these will be returned immediately by recorded delivery)

Original birth certificate/passport Original marriage certificate/civil partnership certificate

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no.

PCPF member no. (if known)

Date of birth:

Home address:

Postcode:

Telephone no.

Mobile no.

Email:

I am contributing to the MPs' Pension Scheme Ministerial Pension Scheme (tick as appropriate) ✓

Request for payment of benefits

I wish to apply for payment of my Guaranteed Minimum Pension from (Date)

Payment of Guaranteed Minimum Pension

Please pay my Guaranteed Minimum Pension into the following bank/building society account

Bank/building society sort code:

Bank/building society account no.

Bank/building society roll no. (if applicable)

Account holder name:

Signed:

Date: / /

Please return this form to: PCPF Administration Team, RPMI, PO Box 193, Darlington DL1 9FP



Parliamentary Contributory Pension Fund - CARE sections

Dependants' pension payment form

To apply for a dependant's and/or children's pension under the Rules of the Scheme, please complete part A, as well as part B and C or D, as appropriate.

You must also remember to complete the declaration overleaf.

Part A: Member's details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no:

PCPF member no:
(if known)

Home address:

Postcode:

Telephone no:

Mobile no:

Email:

Part B: Dependant's details

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no:

Date of birth:

Email:

Home address:

Postcode:

Telephone no:

Mobile no:

Part C: Dependant's bank details

Bank/building society sort code:

Bank/building society account no:

Bank/building society roll no. (if applicable):

Account holder name:

Part D: Children's pensions

Name of child 1:

Name of child 2:

Please attach:

- a full digital birth certificate (not the short form) or passport for each child
- a letter on headed paper from the educational establishment for each child aged between 18 and 23

Child 1 bank account

Please tick if the details are the same as Part C

Bank/building society sort code:

Bank/building society account no:

Bank/building society roll no. (if applicable):

Account holder name:

Child 2 bank account

Please tick if the details are the same as Part C

Bank/building society sort code:

Bank/building society account no:

Bank/building society roll no. (if applicable):

Account holder name:

If there are more than two children, please provide their name and bank details (if different from those in Part C) on a separate sheet of paper in the same format as above and sign and date the extra sheet.

Declaration

I declare that:

- I am the dependant of the deceased member named overleaf and I am entitled to a dependant's pension
- The child(ren) listed in Part D were dependent on the deceased member and meet the requirements detailed in the attached letter

I enclose the following documents: (please tick as appropriate ✓)

- original death certificate
- original marriage or civil partnership certificate
- my original birth certificate or passport
- original full birth certificate or passport for each child named in Part D
- letter confirming full-time education for each child between ages 18 and 23 or a medical declaration (whichever is applicable)

Signed:

Date: / /

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Parliamentary Contributory Pension Fund - CARE sections

Form of indemnity

Please complete in BLOCK CAPITALS

Name of former member:

In consideration of the Trustees of the PCPF paying me the amount of £
due to the estate of the above-named former member, I indemnify the Trustees of the PCPF against any
claims which may be made by any other person.

Claimant's details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

Date of birth: / /

Relationship to the former member:

Home address:

Postcode:

Telephone no.

Signed:

Date: / /

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