

VERIFICATION FORM

Name.....	Email
Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NI number <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"/>

Date of birth

Tick the relevant box to indicate which document is enclosed

Copy of Birth Certificate

Copy of Passport

Please do not send original documents, photocopies or scanned images on an email are acceptable. Photocopies will not be returned.

Partnership status

Please tick relevant box

Single

Married

Divorced

Widow/er

Civil Partnership

Cohabiting Partner

Evidence will be required on death before any survivor benefits will be paid. For more information visit our website www.essexpensionfund.co.uk and view our survivor pension factsheet.

Signed Date

"Data Protection Act 1998: Personal information contained on this form will be held on computer files and/or relevant filing systems for the purpose of administering the Local Government Pensions Scheme. This information will only be shared with third parties for the purpose of providing the appropriate service or meeting legislative requirements"

Return the completed form to:

Essex Pension Fund
PO Box 11, County Hall
Chelmsford
CM1 1LX

Or email to: pensionenquiries@essex.gov.uk