

DATE OF BIRTH VERIFICATION FORM

Name.....	Email.....
Date of Birth <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"/>

Date of Birth

Tick the relevant box to indicate which document is enclosed

Copy of Birth Certificate	<input type="checkbox"/>
Copy of Passport	<input type="checkbox"/>

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

Partnership Status

Please tick the relevant box

Single	<input type="checkbox"/>
Married	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>
Cohabiting Partner	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Widow/er	<input type="checkbox"/>

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.....
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Data Protection: Essex County Council (as the Administering Authority of the Fund) is a Data Controller under the General Data Protection Regulations. We store, hold and manage your personal data in line with statutory requirements to provide you with pension administration services. For more information about how we hold your data, who we share it with and what rights you have to request information from the Fund, see the Forms and publications section of our website www.essexpensionfund.co.uk.

Return the completed form to:

Post: Essex Pension Fund, Seax House, County Hall, Chelmsford, CM1 1QH
Email: pensionenquiries@essex.gov.uk