



REQUEST FOR RETIREMENT ESTIMATE

Your Details

Date for possible retirement (dd/mm/yyyy) Age at possible retirement date Please note that you should contact your employer with queries about possible redundance	Name			
Phone Number Email Address Use this form to request an estimate of your pension benefits based on a normal or ear retirement (minimum age 55). Date for possible retirement (dd/mm/yyyy) Age at possible retirement date Please note that you should contact your employer with queries about possible redundance efficiency or ill health retirement.	National Insurance Number			
Use this form to request an estimate of your pension benefits based on a normal or ear retirement (minimum age 55). Date for possible retirement (dd/mm/yyyy) Age at possible retirement date Please note that you should contact your employer with queries about possible redundance efficiency or ill health retirement.	Address			
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Please note that you should contact your employer with queries about possible redundanc efficiency or ill health retirement.	Date for possible retirement			
efficiency or ill health retirement.	(dd/mm/yyyy)			
Signed: Date:		ate		
	Age at possible retirement da	tact your emp l	oyer with querie	es about possible redundancy

Please return your completed form to:

Essex Pension Fund

Seax House County Hall Chelmsford CM1 1QH

Email: pensionenquiries@essex.gov.uk

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.