

| NHS Pensions<br>PO Box 683<br>Unit 5<br>Newcastle Upon Tyne<br>NE5 9EE                                   |   |   |                           | Your ac                | ddress h               | ere:     |         |       |       |
|--|---|---|---------------------------|------------------------|------------------------|----------|---------|-------|-------|
| NHS Pensions - Membership statement request (1995/2008 Section)  |   |   |                           |                        |                        |          |         |       |       |
| Please check the following three statements before returning this completed request form.                |   |   |                           |                        |                        |          |         |       |       |
| I have read the me the 1995/2008 Sec I am aware that a r the 2015 Scheme. Statement. I am aware that I a | tion of the Somembership solition of the Some | cheme.<br>statement will r<br>this informatio | not includ<br>on is avail | e details<br>able sepa | of any ei<br>arately w | ntitleme | nt I ma | ay ha | ve in |
| Title (e.g. Mr, Mrs, Miss,   | Dr)   |   |                           |                        |                        |          |         |       |       |
| Surname  |   |   |                           |                        |                        |          |         |       |       |
| Other names  |   |   |                           |                        |                        |          |         |       |       |
| Date of birth  |   |   |                           | /                      |                        | /        |         |       |       |
| National Insurance numb  |   |   |                           |                        |                        |          |         |       |       |
| Membership number (if l  |   | ;   | SD                        | /                      |                        |          |         |       |       |
| Telephone number   |   |   |                           |                        |                        |          |         |       |       |
| Email address  |   |   |                           |                        |                        |          |         |       |       |
| Signature  |   |   |                           |                        |                        |          |         |       |       |
| Date (dd/mm/yyyy)  |   | / /   |                           |                        |                        |          |         |       |       |

Please allow up to six weeks for the statement to reach you.

Note: all third party requests must include a signed letter of authority from the Scheme member.