

## **Business Services Authority**

PO Box 683 Unit 5 Newcastle Upon Tyne NE5 9EE		Your address here:
NHS Pensions - Membership	o statement request (199	5/2008 Section)
Please check the following three	statements before returning	this completed request form.
the 1995/2008 Section of the I am aware that a members the 2015 Scheme. If applications Statement.	ne Scheme. ship statement will not include	o request a statement of membership in e details of any entitlement I may have in able separately within my Annual Benefit ership a year.
Title (e.g. Mr, Mrs, Miss, Dr)		
Surname		
Other names		
Date of birth		
Membership number SD	/	
National Insurance number		
Telephone number		
Email address		
Signature		
Date		

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.