Please return forms to: London Borough of BarnetPension Fund, PO Box 319, Darlington, DL98 1AJ.

|  |  |
| --- | --- |
| **Part A** | **Personal Details** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: | Mr / Miss / Mrs / Ms / Dr (delete as applicable) / other \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |
|  |  |  |  | |  |
| Surname: |  |  | Forenames (in full): | |  |  |
|  |  |  |  | |  |  |
| Date of Birth: |  |  | NI Number: | |  |  |
|  |  |  |  | |  |  |
| Telephone No: |  |  | E-mail: | |  |  |
|  |  |  | |  |  |  |
| Address: |  | | | | |  |
|  |  |  | |  |  |  |

|  |  |
| --- | --- |
| **Part B** | **Bank Details** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Name(s) of Account Holder(s): | |  | | |  |
|  |  |  |  |  | |
| Bank Name: | |  | | |  |
|  |  |  |  |  | |
| Bank Address: | |  | | |  |
|  |  |  |  |  | |
| Sort Code: |  |  | Account Number: |  |  |
|  | | |  | | |

|  |  |
| --- | --- |
| **Part C** | **Declaration** |

I wish for my payment to be paid into the above named bank account.

**Signature:**   **Date:**

**Name:**

**The information provided will be processed by Capita for purposes only associated with the London Borough of Barnet Pension Fund and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.**