

Part A **DECLARATION (to be completed by the pensioner)** preferred methods of identification are copies of one or more of the following: your passport, photo driving licence or National ID card.

OUR REFERENCE:

Full name:

Date of birth
(day/month/year):

National Insurance number
(e.g. AA000000A):

Email address:

Telephone:

Pensioner's current
address:

Postal Code or
ZIP Code:

Country:

Signature of pensioner:

Date:

Part B Details of Witness (to be completed by the witness)

Only complete part B if you're unable to send photo identification

Signature to be witnessed by either a bank officer, doctor, lawyer or a minister of your religion who has lived at their address for at least two years and who is not a relative.

I certify that the above signature was written in my presence.

Name of witness (capitals):

Profession (capitals):

Address of witness (capitals):

Postal Code or ZIP Code:

Country:

Signature of witness:

Date:

Official stamp

The Board of the Pension Protection Fund reserve the right to follow up references with the witness.

If you wish to return this form by post, please use the following address:
Pension Protection Fund, PO Box 254, Wymondham, NR18 8DN

Alternatively, you can send us scans of this form and documentary evidence via our 'Send us a document' facility which is available in the 'Communications' menu when logged in to the Pension Protection Fund member website.

For more information on how we use your data, please visit our website at:
www.ppfmembers.org.uk/PrivacyPolicy