



## REQUEST TO FUNDS' OFFICE TO SOURCE SAMPLE ANNUITY OUOTATIONS FOR ADDITIONAL PENSION BENEFITS TO BE SECURED OUTSIDE THE ITB SCHEME

## **HOW TO COMPLETE THIS FORM**

Employer to complete and forward to the Pension Funds Office, 23 King Street, Watford Herts WD18 0BJ.

| COMPLETED   | ON BEHALF OF   |   | (EMPLOYER)                             |
|---|--|---|--|
|   | ATION SOUGHT ON BEHALF OF:<br>JRNAME AND INITIALS:                                   |   | (BLOCK CAPITALS)                       |
| DATE OF BIR   | гн:  | NATIONAL INSURANCE NO:  |  |
| IS MEMBER IN  | N GOOD HEALTH: YES/NO  | SPOUSE'S DATE OF BIRTH:   |  |
| SMC   | KER  |   |  |
| NON   | -SMOKER  |   |  |
| DATE OF WIT   | HDRAWAL:   |   |  |
| QUOTATION REQUIRED ON FOLLOWING BASIS (TICK APPROPRIATE BOX(ES)):               |  |   |  |
| Amount of additional pension that can be provided by a payment of $\mathfrak L$ |  |   |  |
| Cost of an additional pension of £ pa   |  |   |  |
| Cost of providing pension equivalent of years months                            |  |   |  |
| Requested by  |  |   |  |
| Name:   | ••••••   |   | •••••                                  |
| Designation   | :  | Date :  | ••••••                                 |
| Note: (i)   | annuity quotations both inc including and excluding spoushould be appreciated that a | ne Funds' Office will undertake to luding and excluding pension incuse's pension for Employer to connuity rates fluctuate with marked for a period of only 14 days af | creases and onsider. It ket conditions |
| (ii)  | If wishing to proceed with annu firm quotation                                       | ity purchase the Funds' Office will a   | arrange to provide a                   |

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