

IT'S YOURS LIMITED - ENQUIRY FORM

Complete and return this ENQUIRY FORM to allow us to obtain the necessary information about your existing pension.

Please note that returning the Enquiry Form does not commit you to any particular course of action nor does it mean that you will be liable for any costs.

TO THE PENSION PROVIDER:

Please provide It's Yours Limited with all the necessary information they require concerning my Pension Benefits.

Signature.....Date

Surname (Mr/Mrs/Miss/Ms/Other)

Forenames

Address

.....Postcode

Telephone No. (Home)(Work)

Marital Status? Single / Married / Divorced / Separated / Common-law / Widow/er / Civil Partnership

Date of Birth National Insurance Number

Name of Pension Provider.....

Policy Number.....

Address of Pension Provider

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