

Partnership pension account: Request for refund

Details of member

Surname _____

Forename(s) _____

Mr / Mrs / Miss / Ms / Other _____

Date of Birth _____

National Insurance number _____

Partnership provider

TUC/Prudential

Standard Life

Scottish Widows

Scheme reference: _____

Employer code: _____

Payroll provider code: _____

Refund required from provider:

Date paid to provider	Employer contribution (gross)	Employee contribution (net)	Reason
Total:			Total refund:

Refund payment details:

Refund cheque to be made payable to:

Address for refund cheque:

Authority

This form has been approved and checked on behalf of the Employer.

Name: _____

Date: ____ / ____ / ____

Telephone number: _____

Employer name: _____