

Pension Registration Form

1. Please complete this form using BLOCK CAPITALS and black ink. If your name and address appear already, you just need to complete any missing or incorrect details.

CommShare Client Ref:	Title	First Names		
Name and Address		Last Name	N.I. Number A B 1 2 3 4 5 6 C	
		Date of Birth D D / M M / Y Y	Tel No.	
		Email Address		

2. Please tick each Company you have pensions with. Please detail all policy numbers.

	Policy 1	Policy 2	Policy 3
Aegon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aviva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cofunds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equitable Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity FundsNetwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal & General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phoenix Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prudential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reassure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scottish Widows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skandia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zurich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Companies you have pensions with (if not listed above)

Company Name	Policy 1	Policy 2	Policy 3
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Please accept this authorisation to appoint CommShare Ltd as the Agent/Service Provider for all of my pensions held with you. Please provide CommShare with current fund and transfer values of all of my pensions and details of any renewal or level commission paid. I understand that any future renewal and / or level commission will be paid to CommShare at no additional cost to me.

Your Signature	Date D D / M M / Y Y
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4. That's it - simply return this form to: **CommShare Ltd, FREEPOST RTAL-SCKA-KCEJ, 16 Hatherley Road, Sidcup, Kent, DA14 4BG**
NO POSTAGE STAMP REQUIRED