

**NOW: Pensions Trust
Verification Form**

Full name	
Date of birth	
National Insurance Number	
Contact telephone number	
Reference	
Date of joining the Scheme	
Date of leaving the Scheme	
The name of your employer (when you were a member of the Scheme)	
Your current home address
Your previous two home addresses	(1) (2)

Signed.....

Date.....

Return form to: NOW: Pensions Trust, c/o Post Handling Centre, Maclaren House, Talbot Road, Stretford, Manchester, M32 0FP.