

DATA REQUEST

This form should be completed and returned to:

Information Security
Utmost Life and Pensions
Walton Street
Aylesbury
Bucks
HP21 7QW

Full names of applicant (in block capitals)

.....

Address

.....
.....

Postcode

Telephone

Date of birth

1. NOTIFICATION

Please tick one or more of the following boxes to indicate where any personal data may be held about you:

Utmost Life and Pensions

Staff Pension Fund

REST ASSURED

Calls may be recorded for training or monitoring purposes.

Contact us at: Walton Street, Aylesbury, Bucks, HP21 7QW Tel : 0330 159 1530 Fax : 0845 835 5765 : www.utmost.co.uk
Utmost Life and Pensions Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The firm is on the Financial Services Register, registration number 775704. Registered in England and Wales number 10559664. Utmost Life and Pensions Services Limited is registered in England and Wales number 10559966. Both have their registered office at: Utmost House, 6 Vale Avenue, Tunbridge Wells, TN1 1RG.

2. RELATIONSHIP

To assist us in locating any personal data held about you, please complete the following sections regarding your relationship to us:

Client: Are you a client of Utmost? Yes No

If no then please go to section marked “**Staff**”.

If yes, please answer the following questions:

Existing policyholder? Yes No

Type of policy in respect of which we may hold data about you (please tick appropriate boxes):

Life	<input type="checkbox"/>
Retirement annuity for the self-employed	<input type="checkbox"/>
Individual pension	<input type="checkbox"/>
House and Income Plan Group scheme	<input type="checkbox"/>

Policy number(s), if any:
(if additional space required please use a separate sheet)

.....
.....
.....

Staff: Are you a staff member or former staff member? Yes No
If no then please go to section marked “**Other**”.

If yes, please indicate which team and manager you work for, or worked for when you left us, to help us undertake the appropriate searches:

.....

Other: If you are not a policyholder or a member of staff, please give details of your relationship with us (e.g. professional intermediary, tenant etc):

.....

Cross/Strike through the following if not appropriate

3. APPLICANT'S AUTHORITY TO PROVIDE DATA TO THIRD PARTY

If you would like your data to go to someone other than yourself please give your authority for them to receive your personal data by completing this section

I, [Name of Applicant] authorise Utmost to provide my personal data to the third party named below in satisfaction of my rights under the data protection laws.

Name of Third Party:
Third Party's Company or Firm:
Address of Third Party / Company or Firm:
Contact Telephone Number of Company or Firm:

Limitation of Authority:

.....

4. STATEMENT BY THE APPLICANT REQUESTING DATA

Reason for request:

.....
.....
.....

Signed

Dated

5. THIRD PARTY DATA SUBJECT CONSENT

If your personal data is likely to contain other people's data (i.e. Joint Policyholders) and you would like to see it, please obtain their consent by completing this section

I,.....[Full Name of Third Party Data Subject]

Of.....[Address of Third Party Data Subject], born the.....day of19...., authorise Utmost to provide to the Applicant copies of all my personal data that may appear on their file to comply with their subject access request.

Signed.....

Dated.....