

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 and 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:
<input type="checkbox"/> Utmost Life and Pensions <input type="checkbox"/> Staff Pension Fund

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no then please go to section marked "Staff". If yes, please answer the following questions:
Existing policyholder? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of policy in respect of which we may hold data about you (please tick appropriate boxes):
<input type="checkbox"/> Life <input type="checkbox"/> Retirement annuity for the self-employed <input type="checkbox"/> Individual Pension <input type="checkbox"/> House and Income Plan Group scheme
Policy number(s), if any
(if additional space required please use a separate sheet)

REST ASSURED

Calls may be recorded for training or monitoring purposes.

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):

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
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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 of 19....., 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
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