



Pension Application Form

Notes on Completion

1. Please complete ALL sections of the form using ink and block capitals
2. If a particular section of the form does not apply to you, please indicate this by marking the appropriate section of the form "NOT APPLICABLE". Please do not leave sections of the form blank.
3. A leaflet entitled "THINGS YOU SHOULD KNOW ABOUT YOUR FORTHCOMING PENSION" has been prepared by MNPA, on behalf of the Trustees of the MNRPF, and should be enclosed with this form. If you have not received a copy of this leaflet, please contact us at the address on the back of this form.

1. Personal Details

Surname

Forename(s)

Address.....

.....

.....

Postcode.....

MNRPF Membership No.

National Insurance No.

Date of Birth Day Month Year
 / /

Final employer whilst contributing to the Fund..... Port.....

Approximate last date of seagoing employment with above / /

Date on which you wish your pension to commence / /

2. Spouse's Details

Surname

Forename(s)

Maiden Name

Date of birth Day Month Year
 / /

3. Certificates

Please enclose the certificates requested below, or your passport, where a birth certificate is not available, and tick the boxes to indicate which you have enclosed. These will be copied and returned to you immediately after noting.

Birth Certificate

Passport

Spouse's Birth Certificate

Marriage Certificate

4. Pension Payments

Payments can only be made by way of credit direct to your bank or building society account. Please provide details of your account below.

Name of Bank/Building Society

Address.....

.....

.....Postcode

Account No.

Sort Code - -

Building Society Roll No.

Name of Account Holder(s)

(The account should be in your name or jointly with your spouse)

Payment to members resident abroad is by bank transfer

5. Other Benefits

We are required by Inland Revenue regulations to ensure that your pension benefits are within overall maximum levels. Thus, it is necessary for you to advise us of ALL pension entitlements from sources other than MNRPF (excepting State Pension Benefits).

If there is insufficient space below, please complete a separate continuation sheet.

If you have no other benefits, please insert 'NONE' against each item.

- A.** Please provide details of any occupational scheme(s) other than MNRPF from which you are receiving or will receive benefits.

Name

Address.....

.....

..... Postcode

Approximate dates of membership..... to

Policy or Membership No. (if known).....

- B.** Please provide details of any occupational scheme(s) other than MNRPF from which you are receiving or will receive benefits.

Name

Address.....

.....

..... Postcode

Approximate dates of membership..... to

Policy or Membership No. (if known).....

- C.** Please provide details of any occupational scheme(s) other than MNRPF from which you are receiving or will receive benefits.

Name

Address.....

.....

..... Postcode

Approximate dates of membership..... to

Policy or Membership No. (if known).....

6. Cash Option

- A.** If you have not yet been provided with pension and cash sum figures, they will be forwarded to you once the calculations have been completed. If this is the case, please ignore **B.**
- B.** If you have been advised of these figures, please complete the following.

*1) I wish to take the maximum tax free cash sum of £ (Please insert figure)

*2) I wish to take a smaller cash sum of £ (Please insert figure)

*3) I do not wish to take any tax free cash but elect to receive my pension in full.

* Delete if not applicable

Lump sums are usually sent to you by cheque at your home address as entered in section 1. If you wish the cheque to be sent to you at a different address, please indicate this below.

Name

Address.....

.....

..... Postcode.....

7. Declaration/Authorisation

I authorise the Trustee(s) or Administrator(s) of the scheme(s) referred to in Section 5 to disclose full details of the benefits due to me under the scheme(s) to MNPA.

I declare that, to the best of my knowledge, the above information is true and correct.

Signed..... Date

(The form will be returned if submitted unsigned)

Please complete and return to:

MNPA

Leatherhead House, Station Road
Leatherhead Surrey KT22 7ET

Telephone: 01372 200 200

If you have any problems in completing this form, please telephone our Member Liaison Service quoting your Name and Membership Number, and one of our staff will be pleased to assist you