

The Wincanton Plc Pension Scheme (the Scheme)

Member Authority Form

TO BE COMPLETED BY THE MEMBER

Please return forms to: Wincanton Plc Pension Scheme, Capita, PO Box 555, Stead House, Darlington, DL1 9YT.

Part A Member Details

| | | | |
|-------------------|----------------------|----------------|----------------------|
| Full Name: | <input type="text"/> | | |
| NI Number: | <input type="text"/> | Date of Birth: | <input type="text"/> |
| Home Address: | <input type="text"/> | | |
| Reference Number: | <input type="text"/> | | |

Part B Member Authorisation

I authorise my Previous Scheme (the details of which are noted below) to forward details of my deferred pension and the associated Cash Equivalent Transfer Value to Scheme:

| | | | |
|--|----------------------|-------|----------------------|
| Previous Scheme Name: | <input type="text"/> | | |
| Reference/Policy Number: | <input type="text"/> | | |
| Administrators Name, Address and Telephone Number: | <input type="text"/> | | |
| Signed: | <input type="text"/> | Date: | <input type="text"/> |
| Name (printed): | <input type="text"/> | | |

The information provided will be processed by Capita for purposes only associated with Wincanton Plc Pension Scheme and will be used in accordance with its policies and the Trust Deed & Rules and the relevant Data Protection legislation.