

New Member / Trustee Form

Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com

Trustees

Trustee 1 Title (Mr, Miss, Mrs) **MRS** Forename(s) **NICOLA MARIA**
Surname **FLETCHER** Date of Birth **16 / 6 / 64**
Proposed Retirement Date **2024** National Insurance Number **NB 25 34 61 C**
Home Address **THE STABLES, BEAUCHIEF HALL,**
BEAUCHIEF DRIVE, SHEFFIELD S87BA
E-mail Address: **nicolaward64@hotmail.com** Phone Number: **07538500409**
Is this Trustee also a Member? ☒ Yes ☐ No

Trustee 2 Title (Mr, Miss, Mrs) Forename(s)
Surname Date of Birth
Proposed Retirement Date National Insurance Number
Home Address
E-mail Address: Phone Number:
Is this Trustee also a Member? ☐ Yes ☐ No

Please return this form to:
info@pensionpractitioner.com

Alternatively, post this form
to: Pension Practitioner
48 Chorley New Road
Bolton
BL1 4AP

Signed

N. Fletcher

Date

14 / 1 / 2019