



**5. DECLARATION**

I HEREBY DECLARE THAT:

- i.) THE FACTS HEREIN STATED ARE ACCURATE AND TRUE
- ii.) PENSIONS ALLIANCE TRUST LIMITED WILL NOT BE HELD LIABLE FOR THE USAGE OF THE INFORMATION PROVIDED ON THIS FORM FOR ITS INTENDED PURPOSE

SIGNATURE \*

DATE [DD/MM/YYYY] \*

**6. EMPLOYER ENDORSEMENT\*** [NOT APPLICABLE FOR INDIVIDUAL CONTRIBUTORS]

WE HEREBY DECLARE THAT THE INFORMATION INCLUDED BY THE CONTRIBUTOR AS AT THE DATE OF SUBMISSION IS TRUE AND ACCURATE AND THAT IF THE INFORMATION SHOULD CHANGE AT ANY TIME, WE WILL NOTIFY THE TRUSTEE, **PENSIONS ALLIANCE TRUST**, PROMPTLY.

NAME OF REPRESENTATIVE

DESIGNATION OF REPRESENTATIVE

SIGNATURE AND DATE

EMPLOYER STAMP

**7. FOR PENSIONS ALLIANCE TRUST USE ONLY**

DATE RECEIVED [DD/MM/YYYY]

RECEIVING OFFICER NAME AND SIGNATURE

DATE ENTERED [DD/MM/YYYY]

ENTRY OFFICER NAME AND SIGNATURE