

**Cambridge University Assistants' Defined Contribution Pension Scheme
Member Authority Form**

TO BE COMPLETED BY THE MEMBER

Please return forms to: SEI Master Trust, Capita, 2 Cutlers Gate, Sheffield, S4 7TL.

Part A Personal Details

Title:	<input type="text" value="Mr / Miss / Mrs / Ms / Dr (delete as applicable) / other _____"/>		
Surname:	<input type="text"/>	Forenames (in full):	<input type="text"/>
Date of Birth:	<input type="text"/>	NI Number:	<input type="text"/>
Address:	<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 SEI Master Trust.

Scheme Name:	<input type="text"/>
Policy Number :	<input type="text"/>
Contact Name:	<input type="text"/>
Administrator Address:	<input type="text"/>

Signature: _____ **Date:** _____

Name: _____

The information provided will be processed by SEI Master Trust for purposes only associated with the SEI Master Trust and will be used in accordance with its policies and the Trust Deed & Rules and the applicable data protection legislation.