



Incipit Limited
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SERPS Claim Questionnaire

Please complete the questionnaire and either post or fax back to our offices.

See right for Contact Details

Page 1 of 2

About You:

Your Name:
Address:
.....
.....
Your Age:
Spouses Age:
Contact Telephone:
Contact E-Mail:

Have you ever received information about SERPS inheritance? (please tick)

Yes No

If yes, when did you receive the information? If you do not know the exact date, give an approximate date:.....

Who gave you the information? (please tick)

- The Benefits Agency or Department of Social Security
 - Another Government Department or Agency
 - A Voluntary Organisation
 - A Pensions Advisor or Financial Advisor
 - Previous Employer
 - Other – Please state:
-

How did you get this information? (please tick)

- A Benefits Agency or Department of Social Security
 - Letter from a Government official
 - Telephone call from a Government official
 - Telephone call to a Government official
 - In person at a visit to a Government office
 - In person at a visit to your home by a Government official
 - Other - Please state:
-

What was the information about? (please tick)

- The amount of SERPS pension I might inherit
- The amount of SERPS pension my spouse might inherit
- The amount of SERPS pension my spouse **and** I might inherit
- Other – Please state:

Please continue on next page>>>



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What were you told?

Did you make any financial decisions based on the incorrect information you received?

If you had known the true facts, might you have done something different?

- No
- Yes
- Don't know

Please provide any further information you feel may support your claim:
