

Cofunds Pension Account

Birth Certificate Verification Form



Only information contained in the certificate may be recorded on this form. Where information for a particular field is not recorded, please state 'not recorded on certificate'. In some cases the signature may be illegible (and the name is not printed). If this is the case, please state 'signature illegible'. This does, at least, confirm that the Registrar has signed the certificate.

Please complete this form using black ink and BLOCK CAPITALS and return it to: Aegon Cofunds Administration, Sunderland SR43 4DN

1 Adviser Details (For adviser use only)

Adviser name	Firm name
--------------	-----------

2 Birth Certificate Details

Registration district	Entry number
Parish (if specified) and county	Name of Registrar/official witness
Date of Birth _ _ / _ _ / _ _ _ _ D D M M Y Y Y Y	Male <input type="checkbox"/> Female <input type="checkbox"/>
Place of birth	Date of registration _ _ / _ _ / _ _ _ _ D D M M Y Y Y Y
Registered name	

3 Declaration

I certify that I have examined the certificate(s) of

Client name

Product number

8							
---	--	--	--	--	--	--	--

And that the said certificate contains the information as recorded above. A copy is kept on the client file for my information to which you may request access.

Signed	Date	Company address
Full name		
Position		
FCA reference number		Postcode