

Authorised Signatories

Name of Organisation:

I certify that the persons named below are authorised to provide the Cheshire Pension Fund with both paper and electronic communications in respect of the following circumstances, as indicated :-

Name	Email	Starter	Leaver	Ill Health	Estimate	Signature

I confirm that when a change to an authorised signatory takes place, I will send an updated notification to the Cheshire Pension Fund.

Signed:

Date:

Print Name:

Job Title:*

Telephone No:

Email Address:

*Please note this must be authorised by a senior manager in your organisation.