

Cofunds Pension Account Marriage/Registered Civil Partnership 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, PO Box 17491, Edinburgh, EH12 1PB

1 Adviser/Intermediary Details (For adviser/intermediary use only)

Intermediary name	Mr/Mrs/Ms/Miss/Other – please specify
Firm name	Full forename(s)
	Surname

2 Marriage/Registered Civil Partnership Certificate Details

Registration district	Entry number
Parish (if specified) and county	Name of Registrar/official witness

Date of ceremony

__	__	/	__	__	/	__	__	__	__
D	D		M	M		Y	Y	Y	Y

Groom/registered civil partner

Full name																				
Date of Birth <table><tr><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>__</td><td>__</td></tr><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	__	__	/	__	__	/	__	__	__	__	D	D		M	M		Y	Y	Y	Y
__	__	/	__	__	/	__	__	__	__											
D	D		M	M		Y	Y	Y	Y											
or	Age																			

Bride/registered civil partner

Full name																				
Date of Birth <table><tr><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>__</td><td>__</td></tr><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	__	__	/	__	__	/	__	__	__	__	D	D		M	M		Y	Y	Y	Y
__	__	/	__	__	/	__	__	__	__											
D	D		M	M		Y	Y	Y	Y											
or	Age																			

3 Declaration

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

Client name										
Product number <table><tr><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	8									
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
Full name	
Position	
FCA reference number	

Company address
Postcode