

# The Nordben Unit Linked Plan Password Request Form



wherever life takes you

Please complete ALL the following fields in BLOCK CAPITALS, sign this form and send it by post or by facsimile to the details below. Upon receipt, Nordben will send you details of your unique password and user ID to the e-mail address you have supplied. This process will take approximately 2 working days.

Policy number:	Plan number:
_____	_____
Full name:	Date of birth: (dd/mm/yyyy) _____
_____	_____
Address:	Telephone no: _____
_____	Facsimile no: _____
_____	E-mail: _____
_____	_____
Post code: _____	

## HOW WILL THIS DOCUMENT BE USED?

Nordben Life and Pension Insurance Co. Limited will use this document and other relevant details to issue a password so that you can access account information on-line. For this purposes this document will be disclosed to relevant Nordben staff and to any third party administrator. By signing this form you will have given consent to our disclosing appropriate details from this document to them. No sensitive data is passed on to a third party unless the correct legal procedure is followed.

This document will be held on file and will be disposed of in accordance with the terms of the contract.

Nordben Life and Pension Insurance Co. Limited takes the privacy and security of data held on its clients very seriously. We have published a guide to ensure that our clients are informed about their rights and our obligations under The Data Protection (Bailiwick of Guernsey) Law. The guide is available on our website [www.nordben.com/data-protection](http://www.nordben.com/data-protection).

Signed by member: _____	Date: (dd/mm/yyyy) _____
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