



# Request for copy of personal data

## Please complete this form using BLOCK CAPITALS

When you've completed the form, print it off, sign it and give it to the person/department responsible for pensions at your employer. If you do not wish your employer to see the information you've entered you can send it directly to USS at: Universities Superannuation Scheme Limited, Royal Liver Building, Liverpool, L3 1PY. For identification purposes, please provide a copy of your passport or driving licence and a copy of a recent utility bill with your address on it.

### Member Details

Title \_\_\_\_\_ Surname \_\_\_\_\_

First names \_\_\_\_\_

National Insurance number \_\_\_\_\_ Date of birth (DD/MM/YYYY) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Employer name \_\_\_\_\_

### Data Protection

Universities Superannuation Scheme Limited takes its obligations under the General Data Protection Regulation (GDPR) seriously and has appropriate procedures in place to ensure your personal data and rights are protected. We try to respond to all legitimate requests within one month. Occasionally, it may take us longer than a month if your request is particularly complex or you have made a number of requests. In this case, we will notify you and keep you updated.

Find out more about how we collect and process your personal data, protect your privacy and how you can contact our data protection officer, by visiting [uss.co.uk/privacy-notice](https://uss.co.uk/privacy-notice).

For a glossary of our terms please see more information on our [important information](#) page.

### Declaration by member

To Universities Superannuation Scheme Limited (USS): I request a copy of my data.

I confirm that I'm:

Yes

No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • currently in employment in a post eligible for USS | <input type="checkbox"/> | <input type="checkbox"/> |
| • and/or in receipt of a USS pension                 | <input type="checkbox"/> | <input type="checkbox"/> |
| • and/or entitled to deferred benefits in USS        | <input type="checkbox"/> | <input type="checkbox"/> |

Member's signature \_\_\_\_\_ Date \_\_\_\_\_