## The Institute of Chartered Accountants' Staff Pensions Fund

## **Application Form: Member Nominated Director**

Full name of member:						
Category of member:	Employed 2010		Pensioner		Deferred	
Full address:						•
			Postcode:			
Telephone number:						
Email address:						
Why would you like to be Accountants' Staff Pension would bring to the Truste the role? <b>Please answer</b>	ons Fund? What skills e board? Do you feel y	, compe you wou	tencies and ex Ild have suffici	perienc	e do you feel y	ou
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When you have completed this form please return it by 1 November 2024, to: <a href="mailto:ICAEWpensions@icaew.com">ICAEWpensions@icaew.com</a> or Linda Watkins, Pensions Department, Metropolitan House, 321 Avebury Boulevard, Milton Keynes, MK9 2FZ				
I, (name)				
I confirm that I am not disqualified from acting as a Trustee under the requirements of the Pensions Act 2004.				
I confirm that, in completing and signing this form, I consent to my personal data being processed by F.C.A. Limited (the Trustee) by the Fund Administrator for the purpose of administering the Fund's Member Nominated Director selection process.				
	d the Trustee's Privacy Notice on the Trustee's website at .com/icaew-staff-pensions-fund.			
Signed:				
Date:				