Statement of Income & Expenditure Form



Part A Personal Details - please complete in all circumstances

Title:	Surname:		
First names (in full):			
Date of birth (day/month/year)	:	National Insurance number (e.g. AA000000A):	
Address:			
	Postal Code or ZIP Code:	Country:	
Marital status:			
Do you have any dependent children? ('YES' or 'NO'):			
If 'YES', please cor	nfirm their ages:		
Current occupation:			
If you're unemployed, please state the date on which you became unemployed:			
Name of employer (if applicable):			
Employer's addres applicable):	s (if		

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Part B State Benefits - please complete in all circumstances

Please let us know the type and amount of state benefits you receive:			
	Weekly benefit amount (£)		
	You	Spouse or partner	
State Pension			
Income Support			
Incapacity Benefit			
Carers Allowance			
Other			
If you chose 'Other', please give details:			
If any deductions are made from your weekly benefit or allowance, please tell us how much is deducted and what the deductions are for:			

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Part C Emplo

Employment Income - please complete in all circumstances

If a question doesn't apply to you, simply mark it as not applicable (N/A)

What's your **gross** monthly pay? (£)

What's your **net** monthly pay? (£)

How much overtime do you work on average per month?

What's your **overtime** rate of

Gross:

pay? (£)

Net:

Do you receive any other income? For example, dividends (YES/NO)

If 'YES', please give details of this other income

Gross income per month for your other income:

Net income per month for your other income:

Does your spouse or partner work? (YES/NO)

Gross amount per month for your spouse or partner's income:

Net amount per month for your spouse or partner's income:

Part D Property - please complete in all circumstances

Do you own or rent your property?		
How much are your mortgage or rent payments per month?		
Please provide details of your mortgage (if applicable):		
Amount borrowed (£):	Amount still owing (£):	
Current value of property(£)		
How much Council Tax do you pay per year? (£)		
Do you or your partner own any other property? (YES/NO)		
If 'YES', please give details:		

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Part E Bank Details & Savings - please complete in all circumstances
If you have more than one account please makes copies of this section

Please provide your bank details:
Bank/Building Society:
All names on the account:
Sort Code: Current balance (£):
Account Number:
Please provide details of any savings accounts you have:
Bank/Building Society:
All names on the account:
Sort Code: Current balance (£):
Account Number:
Do you have any other savings or investments? (YES/NO)
If 'YES', please give details:
Does anyone owe you money? (YES/NO)
If `YES', please give details:

Part F Pension income - please complete in all circumstances

Please provide details of any company pensions, personal pensions or annuities.			
You			
Name of pension provider	Monthly amount received (£)		
1.			
2.			
3.			
4.			
Your spouse or partner			
Name of pension provider	Monthly amount received (£)		
1.			
2.			
3.			
4.			

Part G Other income and expenditure - please complete in all circumstances

If you own a car, please provide the following deta	ils:
Vehicle make and model	
Registration number:	Year of registration:
Is the vehicle subject to a current Hire Purchase agreement? (YES/NO)	
If 'YES', please give details:	
Are there any Court Orders against you? (YES/NO)	
If 'YES', please provide details and the Court Order number:	
Do you owe anyone else any money? (YES/NO)	
If `YES', please give details:	

Part H Monthly expenditure - please complete in all circumstances

Please provide details of your monthly expenditure (£):	
Rent/mortgage:	
Council Tax:	
Gas:	
Electricity:	
Water charges:	
TV Licence & other TV costs (e.g. Sky)	
Housekeeping (food/school meals):	
Maintenance payments:	
Travel expenses (including petrol):	
Telephone/internet:	
Insurance (please specify below):	
Insurance details (please provide the type of insurance and annual cost):	
HP, credit card & loan repayments:	
Other expenses (please specify below):	
Other expenses details (please specify expense type and annual cost):	
TOTAL (monthly)	

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Part I Please include copies (or scans) of the following:

Please don't send us originals (if posting this form) as we're unable to return them

Tick to indicate which of the documents are enclosed Tick here Bank statements (last 4 months) Credit card statements (last 4 months) Savings account statement(s) (must show at least the last 6 months of previous activity) Rent statement (latest) if applicable Mortgage statement (latest) if applicable Loan statements (last 4 months) if applicable Gas (bills covering the last 12 months) Electricity (bills covering the last 12 months) Water (annual statement) Telephone/internet (last 2 bills) If you're including any other documentation to support your claim, please list the documents here:

If you wish to use post, please sign and date the form and return to the following address: Pension Protection Fund, PO Box 254, Wymondham, NR18 8DN Alternatively, you can send us scans of this form and documentary evidence via our 'Send us a document' facility which is available in the 'Communications' menu when logged in to the Pension Protection Fund member website. If any of the above evidence, that is applicable, isn't returned with this form (including the appropriate documents), we won't be able to consider your request. I certify that the information I've provided is correct and complete to the best of my knowledge. Signature: Name:

For more information on how we use your data, please visit our website at: www.ppfmembers.org.uk/PrivacyPolicy

Declaration

Part J

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