

Change of Details Form

For completion by the Member (BLOCK CAPITALS)



If the details on your benefit statement are incorrect please complete this form and return to the address below.

PERSONAL DETAILS (Please complete)

National Insurance No:

Name:

Home Address:

Post Code:

Date of Birth:

(dd/mm/yyyy)

Gender:

M

F

Telephone No (Home):

Telephone No (Mobile):

Email Address:

DATA PROTECTION ACT

The information and data which is provided by members will be held to enable Workers Pension Trust to administer and pay pension benefits.

We would like to send you information by email or post about our own products and services as well as those of third parties with whom we have a business relationship. If you do not agree to being contacted in this way, please tick this box and return this form to:

Workers Pension Trust
143 Malone Road
BELFAST
BT9 6SX