

Change of Details Form

For completion by the Member (BLOCK CAPITALS)



It is important that you keep us informed of any changes to your personal details. Please complete and return this form if your details have changed.

PERSONAL DETAILS (Please complete)

National Insurance No:

Name:

Date of Birth:

Telephone No (Home):

Telephone No (Mobile):

Email Address:

CHANGE OF ADDRESS (Please complete if you have moved)

Previous address and postcode:

New address and postcode:

CHANGE OF NAME (Please complete if you have changed your name)

Former name (including title):

New name (including title):

Reason for change of name, please tick appropriate box

- Marriage or Civil Partnership – Please supply a copy of your marriage or civil partnership certificate
- Divorce/separation – Please supply a copy of your decree nisi/absolute (for divorce) and birth certificate (if returning to your maiden name)
- Other reason – Please give reason for change and provide a copy of your deed poll certificate

DECLARATION

I understand that by completing this form, and signing the declaration, I am requesting that you make the changes set out above to my pension record.

Your signature:

Print name:

Date:

STATEMENT ON DATA PROTECTION

The information and data which is provided by Members will be held to enable Workers Pension Trust to administer and pay pension benefits. Full information on how we manage personal data is explained in our Privacy Policy which is available at www.workerspensiontrust.co.uk/privacy-policy.

RETURN OF FORM

Please return this form to:

Workers Pension Trust
4th Floor
State Buildings
2 Arthur Place
Belfast
BT1 4HG