

## APPOINTING A 'CARE OF' ADDRESS

You can nominate a person to receive your Scheme correspondence. For example, if you have trouble seeing, you can use this form to authorise someone to act as a 'care of' address. Your pension will still be paid to you, but the person you have nominated will be known as your "agent"; they can't change anything, but they can receive correspondence on your behalf.

Please complete **Section 1** and **Section 2** in BLOCK CAPITALS and return to:

**MPS, PO Box 555, Stead House, Darlington, DL1 9YT**

### Section 1: Member details & declaration

(to be completed & signed by the Member or Appointed Personal Representative or Power of Attorney)

**Full name**

**Pension reference number**

**National Insurance number**

I request the Scheme Administrator to make the changes requested by me, or on my behalf, as set out overleaf.

**Declaration signed by:**

**Member**

**Date**

## Section 2: 'Care of' details

(This section must be completed & signed by the person to receive your Scheme correspondence)

Please note that communications will in future be addressed to the member, 'care of' the person and address shown in the box below:

**Full name**

**Address**

I confirm that I am happy to receive correspondence on behalf of the member overleaf, concerning his/her pension benefits. I will ensure that the member is made aware of the content of this correspondence and will treat any information I receive as confidential and is only to be discussed with the member.

**Declaration signed by:**

**Agent**

**Date**

This Form will be scanned and held electronically and securely by the Scheme's Administrator under the terms of the General Data Protection Regulation and will only be made available to persons entitled to view it.

**Contact the Scheme Administrator:**

Telephone: **0333 222 0077**

Email: **[mps@capita.co.uk](mailto:mps@capita.co.uk)**