

CHANGE OF ADDRESS FORM

This form can be used to tell the Scheme Administrator of a change of address.

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

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

You are also able to change your address and contact details via the secure member site, Orbit. To log in or to register, please click on the “Member log in” icon at the top of the homepage.

Section 1: Member details & declaration

(This section must 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 below.

Declaration signed by:

Member

Signature:

**Position of signatory,
if not the Member**

Please circle the position that applies to you

Personal Representative / Power of Attorney

**Personal Representative
or Power of Attorney**

Full name (IN CAPITALS):

Signature:

Date

Section 2: Updating home address & contact details

Address line 1

Address line 2

Town / City

Post code

Email address

Telephone number / mobile

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**