



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, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL

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:

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

Full address

I confirm that I am happy to receive correspondence on behalf of the above member, 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

Signature:

Date

This Form will be scanned and held electronically and securely by the Scheme's Administrator under the terms of the Data Protection Act 1998 ("the Act") and will only be made available to persons entitled under the Act to view it.

Contact the Scheme Administrator:

Telephone: **0333 222 0077**

Email: **mps@capita.co.uk**