



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 BLOCK CAPITALS and return to:

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

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 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**