

Change of Details

TO BE COMPLETED BY THE MEMBER

Please return forms to: Scottish & Newcastle Pension Plan, Capita, PO Box 555, Stead House, Darlington, DL1 9YT

Part A Personal Details

Title:	<input type="text" value="Mr / Miss / Mrs / Ms / Dr (delete as applicable) / other _____"/>		
Surname:	<input type="text"/>	Forenames (in full):	<input type="text"/>
Date of Birth:	<input type="text"/>	NI Number:	<input type="text"/>
Telephone Number:	<input type="text"/>	E-mail:	<input type="text"/>

Part B Change of Address

My new address is / will be:

Home Address:	<input type="text"/>	
Postcode:	<input type="text"/>	Date of Change: <input type="text"/>

Part C Change of Bank Details

Please note that the bank account should be in your own name (or held jointly in your name and another), as Capita are unable to pay your benefits to a third party.

My new bank details are:

Name of Account Holder(s):	<input type="text"/>		
Bank/Building Society:	<input type="text"/>		
Bank/Building Society Address:	<input type="text"/>		
Sort Code:	<input type="text"/>	Account Number/Building Society Roll Number:	<input type="text"/>

Change of Details

Part D Change of Name / Marital Status

My name / marital status has changed and is now as shown:

Previous Name:

New Name:

My new marital status is:

Married

Civil Partnership

Divorced

Widow/Widower

Certificate(s) enclosed:

Marriage/Civil Partnership

Spouse's/Civil Partner's Birth Certificate

Decree Absolute

Spouse's/Civil Partner's Death Certificate

Deed Poll

Please enclose the original certificates.

Part E Any Other Changes

Any Other Changes:

Part F Declaration

Signature:

Date:

Name (printed):

The information provided will be processed by Capita for purposes only associated with the «SchName» and will be used in accordance with its policies and the Trust Deed & Rules and the applicable data protection legislation.