



MEMBER UPDATE OF PERSONAL INFORMATION

Please complete in BLOCK CAPITALS,

Please complete the relevant sections of this form to notify the Pensions Team of any changes to the personal data held on their pension record if they have not registered for Member Self – Service.

Employees full name	
National Insurance Number	
Job Title	

Change of Name

To

Change of Partnership Status

From

To *

Married
Divorced or Civil Partnership dissolved
Widow / Widower
In a Civil Partnership
Co-habiting

Date effective _____ / _____ / _____

* Delete as appropriate, and please also enclose the relevant certificates

Change of Address

From

To

Email address

Phone Number

Signed

Date

Name

Employer/school