

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. 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	<input type="text"/>
Address line 2	<input type="text"/>
Town / City	<input type="text"/>
Post code	<input type="text"/>
Email address	<input type="text"/>
Telephone number / mobile	<input type="text"/>

The Scheme Administrator will contact you to acknowledge that this form has been received. Please indicate whether you would like to receive this acknowledgement via email or SMS (text message):

Please tick

SMS

Email

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**