


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		Payroll ref	
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

Please return the form to: Pensions Team, L B Redbridge, 255 – 259 High Road, Ilford, Essex, IG1 1NN