

Change of address



Please complete all sections in BLOCK CAPITALS

Your Personal Details

Surname:	<input type="text"/>	Forenames:	<input type="text"/>
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	National Insurance Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Payroll Reference Number (as shown on your pay advice slip):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
New Address:	<input type="text"/> <input type="text"/> <input type="text"/>		
	Postcode:		
Date Effective:	<input type="text"/>		
Email Address:	<input type="text"/>		
Telephone No:	<input type="text"/>		
Prior Address:	<input type="text"/> <input type="text"/> <input type="text"/>		
	Postcode:		

Alternative Contact *These details are requested simply as a contact reference in the event that we lose touch with you in the future. The person named will not be approached for any other reason*

Full Name:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode:

It is essential you inform us when you change your address. This will ensure that you receive confidential information relating to you and the Local Government Pension Scheme.

Signed:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Please return this form to:
East Riding Pension Fund
PO Box 118
Council Offices, Church Street
GOOLE
East Riding of Yorkshire
DN14 5YU