

## 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:

**BCSSS, PO Box 555, Stead House, Darlington, DL1 9YT**

### Section 1: Member details & declaration

(This section must be completed & signed by the member, Scheme appointed Personal Representative or Power of Attorney)

**Full name of member**

**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 overleaf.

**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**

**Address line 2**

**Town / City**

**Post code**

**Email address**

**Telephone number / mobile**

This form will be scanned and held electronically and securely by the Scheme 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 0074**

Email: **bcsss@capita.co.uk**