

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS, THEN SIGN AND SEND IT TO THE PENSIONS OFFICE IN THE ENVELOPE PROVIDED.

Membership No

Also known as Plan Reference Number

Full Name

NI Number

Email address

Date of Birth

PENSION PLAN STATUS **Pensioner** **Deferred**

1. OLD ADDRESS <i>PLEASE ENTER THE ADDRESS WE CURRENTLY HOLD FOR YOU</i>	
Address

Postcode

2. NEW ADDRESS <i>PLEASE ENTER THE ADDRESS YOU ARE MOVING OR HAVE MOVED TO</i>	
Address

Postcode
Date of moving to this address	

Please note: As a security measure, this form **must** be signed by the member. Failure to do so will result in the form being returned with no action taken. If you are not the member, but have been elected to deal with their affairs, please provide documentary evidence of this. Please contact us if you require further information.

Any information you provide to us will be processed in accordance with our Privacy Notice which is available on our website www.coatspensions.co.uk or as a paper copy by request.

SIGNATURE **DATE**