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## 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

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 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**