



Please complete this form using Adobe Acrobat Reader and then print it, sign it and return it to us. Press 'Tab' key to move between fields. Compulsory fields are marked in red.

ADVICE OF CHANGE OF NAME / MARITAL STATUS

HOW TO COMPLETE THIS FORM

If you wish to advise us of a change to your name or marital status, please complete this form on-line, print it, sign it and send it to us at 23 King Street, Watford, Hertfordshire, WD18 0BJ.

IF YOU OR YOUR SPOUSE ARE IN RECEIPT OF A PENSION FROM THE ITB PENSION FUNDS, AND YOU WISH TO ADVISE US OF ANY CHANGES TO YOUR NAME OR MARITAL STATUS, PLEASE TELEPHONE 01923 226264 OR WRITE TO US AT THE ABOVE ADDRESS FOR ADVICE.

NAME: NATIONAL INSURANCE NO:

DATE OF BIRTH: MEMBER NO (IF KNOWN):

PREVIOUS NAME (IF APPLICABLE):

Please tick the appropriate box indicating the reason for your change and forward the appropriate documents required.

Married **Documents required*:** Marriage Certificate, Decree Absolute (if previously divorced)

Divorced **Documents required*:** Decree Absolute

Other **Please detail and we will advise of our requirements**

If you wish to revise your nomination request in light of the above change, please return to the 'Forms' page and click onto 'Nomination Form'. Please complete as appropriate, print it, sign it and forward it with this form.

Data Protection:

I acknowledge that the Trustees, their advisers and administrators may process data which relates to me during the course of my membership of the Scheme in order to carry out their respective functions as Trustees, advisers and administrators of the Scheme. I agree that the Trustees, the advisers and administrators may record and hold such data and make it available to third parties in the ordinary course of these functions. I understand that the Trustees and any such third party, will comply with the underlying principles of the Data Protection Act 1998.

Signed: **Date:**

** Please forward photocopies.*