
APPOINTING A 'CARE OF' ADDRESS

You can nominate a person to receive your Scheme correspondence. For example, if you have trouble seeing, you can use this form to authorise someone to act as a 'care of' address. Your pension will still be paid to you, but the person you have nominated will be your "agent"; they can't change anything, but they can receive correspondence on your behalf.

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

(to be completed & signed by the member)

Full name of member

Pension reference number

National Insurance number

Declaration

I request the Scheme Administrator to send communications about my pension benefits to the alternative contact named overleaf (my 'agent'). My pension should still be paid to me, but I authorise the person named in Section 2 to receive correspondence about my benefits.

To be signed by the member

Date

Section 2: 'Care of' Address and name of contact

Please note that communications will in future be addressed to the member, "care of" the person and address shown in the box below:

Full name of my agent

'Care of' address

Declaration of agent

I confirm that I am happy to receive correspondence on behalf of the member overleaf, concerning his/her pension benefits. I will ensure that the member is made aware of the content of this correspondence and will treat any information I receive as confidential, i.e. only to be discussed with the member.

Signature of agent

Date

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