
CHANGE OF NAME AND / OR MARITAL STATUS FORM

This form can be used to tell the Scheme Administrator of a change of name and/or marital status.

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	<input type="text"/>
Pension reference number	<input type="text"/>
National Insurance number	<input type="text"/>

I request the Scheme Administrator to make the changes requested by me, or on my behalf, as set out below.

Declaration signed by:

Member	<input type="text" value="Signature:"/>
Position of signatory, if not the member Please circle the position that applies to you	<input type="text" value="Personal Representative / Power of Attorney"/>
Personal Representative or Power of Attorney	<input type="text" value="Full name (IN CAPITALS):"/> <input type="text" value="Signature:"/>
Date	<input type="text"/>

Section 2: Changing name and / or marital status

Date of change

New name

Reason for change

Original certificate attached

Married / civil partnership

Marriage / civil partnership certificate

Change of name (other than by marriage)

Deed Poll

Divorced

Decree Absolute

Death of spouse, now widow/widower

No certificates required

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**