

Local Government Pension Scheme

Member Update Form

Please complete this form to make any amendments to the personal data we hold for you. To change your Expression of Wish, please complete an Expression of Wish form.

Pension Fund: _____

Personal Details

Surname: _____ Previous Surname(s): _____

First Name(s): _____

Title: Mr/Mrs/Miss/Ms/Other (please state): _____

Address for Correspondence: _____

Email address: _____

Home Telephone no.: _____

My National Insurance number is: ____/____/____/____/____

Partnership Status

☐ single

☐ married _____ (date)

☐ in a civil partnership _____ (date)

☐ divorced or civil partnership dissolved _____ (date)

☐ widow or widower

☐ co-habiting

Signature: _____

Date: _____

Please return your completed, signed form to: Pensions Shared Service
PO Box 72351
London, SW18 9LQ

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.