



**Norfolk Pension Fund**

**LOCAL GOVERNMENT PENSION SCHEME**

**Change of Name or Address**

Your Current Name: \_\_\_\_\_

National Insurance Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**Change of Name**

Your Previous Name: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

*(e.g. marriage, civil partnership, deed poll)*

*Please send us a copy of the relevant certificate with this form.  
We do accept photocopies but any originals would be returned promptly.*

**Change of Address**

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Date of Change: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete and return this form to:**

**Norfolk Pension Fund, 5<sup>th</sup> Floor Lawrence House, 5 St Andrews Hill, NORWICH, NR2 1AD**