

Contact details

Your details

Surname:	<input type="text"/>	Forenames:	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	National Insurance number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Payroll reference number <i>(this can be found on your pay advice slip):</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Address:	<input type="text"/> <input type="text"/> <input type="text"/>		
		Postcode:	<input type="text"/>
Telephone no:	<input type="text"/>		
Mobile no:	<input type="text"/>		
Email address:	<input type="text"/>		

Alternative contact *These details are requested simply as a contact reference in the event that we lose touch with you in the future. The person named will not be approached for any other reason*

Full name:	<input type="text"/>
Relationship to member <i>(if any):</i>	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode: <input type="text"/>
Telephone no:	<input type="text"/>

It is essential that you inform us if you change your address. This will ensure you continue to receive confidential information relating to you and the Local Government Pension Scheme.

Signed:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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This form MUST be completed and returned to:

East Riding Pension Fund
PO Box 118
Council Offices
Church Street
Goole
DN14 5BG