

NOTIFICATION OF CHANGE OF ADDRESS



Surname	
Mr/Mrs/Miss/Ms/Other	
Previous Name	
Forename(s)	

National Insurance Number							
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Date of Change							
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Old Address	
Postcode	

New Address	
Postcode	

Telephone Number	
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E-mail Address	@
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Signature	Date
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ONCE COMPLETED, PLEASE RETURN THIS FORM TO:

MERSEYSIDE PENSION FUND
PO BOX 120
LIVERPOOL
L69 2NW