

CHANGE OF PERSONAL DETAILS

Title:

Surname:

Full forename(s):

Date of birth (dd/mm/yyyy):

Membership number:

Scheme name:

Please use this form to notify IFGL Pensions of any change to your personal details.

Certain changes will need to be substantiated with documentary evidence in the form of a suitably certified copy of the original document.

The certification should be evidenced by a written statement stating that having seen the original document that:

- The document is a true copy of the original document
- The document has been seen and verified by the certifier
- The photograph is a true likeness of the individual (on ID documents)

All certifications should be signed by the certifier, dated and contain the certifier's stamp, position, identity of the relevant regulatory authority and any approval number.

Any identity or address verification documents which are not presented in English will require a certified translation to accompany them. Documents should be translated by a professional translator or an IFGL Pensions representative and contain details of the individual who has conducted the translation.

Please send this form together with the required documentary evidence to:

IFG Pensions Limited
Third Floor
Cotton House
Old Hall Street
Liverpool
L3 9TP
United Kingdom

CHANGE OF NAME

My name remains the same

Previous name:

New name:

Please provide us with a certified copy of your marriage certificate or change of name certificate as applicable.

CHANGE OF SIGNATURE

My signature remains the same

Previous signature:

New signature:

CHANGE OF CONTACT NUMBER

My contact numbers remain the same

New contact number (home):

New contact number (mobile):

Additional contact number (mobile):

CHANGE OF RESIDENTIAL ADDRESS

My residential address remains the same

Previous residential address:

Date residency at this address ceased (dd/mm/yyyy):

New residential address:

Date residency at this address commenced (dd/mm/yyyy):

Evidence should be a suitably certified copy of one of the documents listed below and must be dated within the three months preceding the submission of this form:

- Utility bill
- Driving licence
- Bank statement or reference letter (must be on official bank stationery)
- Valid unexpired national or government issued identity card
- Landline phone bill (not mobile)
- Internet or bundle plan bill (provided service is linked to a fixed premises)
- Correspondence from a central or local government authority, department or agency

Please note printed online bank statements and mobile phone bills are not acceptable documents as proof of residential address.

CHANGE OF CORRESPONDENCE ADDRESS

My correspondence address remains the same

New correspondence
address:

CHANGE OF TAX RESIDENCY

My tax residency remains the same

New tax residency:

Date residency in this tax jurisdiction commenced:

Date residency in previous tax jurisdiction ceased:

Current tax identification number (TIN):

Previous tax identification number (TIN):

Note: Please provide us with documentary evidence as proof of tax residency. This must be dated within 12 months preceding the date of the above declaration.

CHANGE OF EMAIL ADDRESS

My email address remains the same

New email address:

CHANGE OF NOMINATED BENEFICIARIES

My beneficiaries remain the same

1. Full name:

Relationship: Date of birth (dd/mm/yyyy):

Telephone number: Email:

Residential address:

Total percentage of benefit: %

2. Full name:

Relationship: Date of birth (dd/mm/yyyy):

Telephone number: Email:

Residential address:

Total percentage of benefit: %

3. Full name:

Relationship: Date of birth (dd/mm/yyyy):

Telephone number: Email:

Residential address:

Total percentage of benefit: %

4. Full name:

Relationship: Date of birth (dd/mm/yyyy):

Telephone number: Email:

Residential address:

Total percentage of benefit: %

Note: Please ensure the total of your nomination adds up to 100%
Please continue on a separate page if more beneficiaries are to be added.

DECLARATION - TO BE COMPLETED BY ALL MEMBERS

I hereby confirm that the information provided in this form is correct.

Member's signature:

Date (dd/mm/yyyy):