



# Kingfisher Pension Scheme

## Change of Address Form

All active employees should advise their HR contact in the first instance.

Please keep us informed of changes to your address by completing this form and posting it back to the Group Pensions Department.

### Member Details

|               |                      |                      |                      |                      |                      |                      |                           |                      |                      |                      |                      |  |                      |                      |
|---------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------------------|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|
| Full Name     | <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"/> |
| Member No.    | <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"/> | <input type="text"/> | (you can find your member reference on your benefit statement, or on recent correspondence from the Group Pensions Department) |                      |                      |
| Old Address   | <input type="text"/> |                      |                      |                      |                      |                      |                           |                      |                      |                      |                      |  |                      |                      |
|               | <input type="text"/> |                      |                      |                      |                      |                      | Postcode                  | <input type="text"/> |                      |                      |                      |  |                      |                      |
| New Address   | <input type="text"/> |                      |                      |                      |                      |                      |                           |                      |                      |                      |                      |  |                      |                      |
|               | <input type="text"/> |                      |                      |                      |                      |                      | Postcode                  | <input type="text"/> |                      |                      |                      |  |                      |                      |

We will confirm that the change has been made in writing.

|                          |                      |  |  |  |  |  |  |  |  |  |      |                      |                      |                      |                      |                      |
|--------------------------|----------------------|--|--|--|--|--|--|--|--|--|------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Contact Telephone Number | <input type="text"/> |  |  |  |  |  |  |  |  |  |      |                      |                      |                      |                      |                      |
| Member Signature         | <input type="text"/> |  |  |  |  |  |  |  |  |  | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please return to Kingfisher Pension Trustee Limited, 3 Sheldon Square, Paddington, London, W2 6PX.  
If you need any help please ring **08456 80 70 60** (Monday to Friday, 8.45am – 5pm).