

Worcestershire Pension Fund

Change of Personal Circumstances Form

Employer:	
Marital Status:	
Surname:	
First names:	
National Insurance No:	

Name change: Please provide photocopies of the relevant certificates for name and marital status changes.	
From:	To:

Address Change:	
Previous Address:	
New Address:	
Post Code:	
Email address:	
Telephone Number:	

Signed: _____

Dated: _____

Complete and return to: Pensions Service
Worcestershire County Council
HR Service Centre, Spetchley
Road, Worcester WR5 2NP

