

# CHANGES TO MY PERSONAL DETAILS

**Instructions:** complete all of section 1 and any other sections applicable to the changes and send it by post, together with a photocopy of any other required documentation, to RBKC Pensions, The Town Hall, Hornton Street, London W8 7NX, or send a clear scan or photo by email to [pensions@rbkc.gov.uk](mailto:pensions@rbkc.gov.uk)

|                      |           |
|----------------------|-----------|
| Current Surname:     | SURNAME   |
| Current Forename(s): | FORENAMES |
| Current NI Number:   | NI_NUMBER |

## SECTION 1

Tick the relevant boxes to tell us what has changed:

|   |  |
|---|--|
| <p><b>Home Address, Name or Gender</b></p> <p><input type="checkbox"/> Change of home address and/or email address</p> <p><input type="checkbox"/> Change of name by deed poll, and/or change of pronoun</p> <p><input type="checkbox"/> Change of gender</p>   | <p>Sign below and then go to Section 2</p> |
| <p><b>Marital or Co-Habiting Status</b></p> <p><input type="checkbox"/> I have got married, or entered a civil partnership, or entered a co-habiting relationship</p> <p><input type="checkbox"/> I have got divorced by decree absolute, or I have officially dissolved a civil partnership, or I am no longer co-habiting</p>                                   | <p>Sign below and then go to Section 3</p> |
| <p><b>Lasting Power of Attorney</b></p> <p><input type="checkbox"/> The Court of Protection has awarded lasting Power of Attorney to a third party in respect of the RBKC pension scheme member named above</p> <p><b>Expression of Wish for my Death Grant</b></p> <p><input type="checkbox"/> I have a new or changed expression of wish for my death grant</p> | <p>Sign below and then go to Section 4</p> |

|  |                     |
|--|---------------------|
| <b>Your signature (must be handwritten):</b> | <b>Date signed:</b> |
|--|---------------------|



## SECTION 3

### NEW MARRIAGE, CIVIL PARTNERSHIP or COHABITING STATUS

|   |   |
|---|---|
| My new status is  | Tick one box only:<br><input type="checkbox"/> Married *<br><input type="checkbox"/> Civil Partnership *<br><input type="checkbox"/> Co-habiting #<br><br>* Attach a copy of your marriage certificate or your civil partnership certificate<br># Potential LGPS benefits for surviving co-habiting partners are subject to eligibility conditions in the event of your death. Further details are available on the LGPS member website <a href="https://lgpsmember.org">https://lgpsmember.org</a> |
| Effective date from which my new marital or cohabiting status applies |   |
| Partner's surname   |   |
| Partner's forename(s)   |   |
| Partner's title   |   |
| Partner's date of birth   |   |
| Partner's NI Number   |   |
| Partner's signature   |   |
| Date signed   |   |

### DIVORCE or DISSOLUTION OF CIVIL PARTNERSHIP or CESSATION OF CO-HABITING RELATIONSHIP

|   |   |
|---|---|
| My new status is  | Tick one box only:<br><br><input type="checkbox"/> Divorced – attach a copy of the Decree Absolute issued by the court<br><br><input type="checkbox"/> Civil Partnership Dissolved – attach a copy of the Final Order issued by the court<br><br><input type="checkbox"/> Co-habiting relationship has now ceased |
| First name and surname of your former partner                         | This information is required so we can check the correct record is being amended  |
| Effective date from which my new marital or cohabiting status applies |   |

## SECTION 4

### LASTING POWER OF ATTORNEY

|   |  |
|---|--|
| Type of lasting Power of Attorney issued by the Office of the Public Guardian   | One or both boxes can be ticked to reflect the decision of the Office of the Public Guardian:<br><br><input type="checkbox"/> Health and Welfare<br><input type="checkbox"/> Property and Financial Affairs<br><br>Please attach a copy of the document(s) issued by the Office of the Public Guardian |
| Effective date from which the lasting Power of Attorney is applicable   | <br><br><br>   |
| Is the LGPS member for whom the lasting Power of Attorney has been issued currently incapacitated such that he or she is not aware that the Office of the Public Guardian has issued the lasting Power of Attorney and has been unable to sign the form themselves at the bottom of section 1?<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |

### EXPRESSION OF WISH FOR MY DEATH GRANT

Please enter below the details of each beneficiary that you wish to nominate for the purposes of any lump sum death grant that may be payable under LGPS regulations. Continue on a separate sheet if necessary. The total of all %'s must add up to 100%.

| Full title, first name(s) and surname of beneficiary | Home address of beneficiary | Beneficiary's relationship to you (if any) | % share of the death grant |
|--|-----------------------------|--|----------------------------|
|  |                             |  |                            |
|  |                             |  |                            |
|  |                             |  |                            |
|  |                             |  |                            |