

## Change of Address

### The Local Government Pension Scheme Regulations (LGPS)

#### Personal Details (Please print all fields)

Full Name (Mr/Mrs/Miss) :

NI Number :  \* \* \* (Please complete first 6 characters only)

Pension/Pay Number(s) :

#### Notification of Change of Address :

##### Old Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode : <input type="text"/>

##### New Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode : <input type="text"/>

Telephone Number :

**I declare that the above details are correct.**

Signed :  Date :

**After completion please return form to :**

**Pensions Section  
Rhondda Cynon Taf CBC  
Oldway House  
Porth  
CF39 9ST**

