

**FALKIRK COUNCIL PENSION FUND  
LOCAL GOVERNMENT PENSION SCHEME  
NOTIFICATION OF CHANGE TO PERSONAL DETAILS**

After completing this form, please print, sign and send it to:

**Pensions Section, PO Box 14882, Falkirk Council, Municipal Buildings, Falkirk FK1 5ZF**

Alternatively, you can save a copy of the completed form to your computer and then email it to:

**pensions@falkirk.gov.uk**

Please complete the entries in Column A and enter the changed value(s) in Column B.

**Red row names are compulsory in Column A.**

Information	COLUMN A Current Value	COLUMN B New Value (if changed)
<b>Title</b>	<input type="text"/>	<input type="text"/>
<b>First Name</b>	<input type="text"/>	<input type="text"/>
<b>Surname</b>	<input type="text"/>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<input type="text"/>
<b>Post Code</b>	<input type="text"/>	<input type="text"/>
<b>NI Number</b>	<input type="text"/>	
Pension Ref. No.	<input type="text"/>	
Pension Payroll No. (If retired)	<input type="text"/>	
<b>Employer</b>	<input type="text"/>	<input type="text"/>
<b>Payroll No.</b>	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Date of Change	<input type="text"/>	

I authorise the Pensions Section, Falkirk Council to make the change(s) shown in Part B above to my pension scheme record.

Signed \_\_\_\_\_

Date