



NOTIFICATION OF CHANGES AFFECTING A PENSIONABLE EMPLOYEE

Employer: _____ Employee Name (in full): _____

NI No: _____ Employee Email: _____

The Employee: -

(a) Name Change From _____ To _____

(b) Was married on (if applicable) ____/____/____

or Registered Civil Partnership on ____/____/____

(c) Has changed contribution banding from ____ to ____

Date of above change ____/____/____

(d) Has changed address to:

The Shropshire County Pension Fund is a Data Controller under Data Protection legislation. This means we store, hold and manage personal data in line with statutory requirements to enable us to provide pension administration services. The Fund has a memorandum of understanding which provides more information. To enable us to carry out our statutory duty, we are required to share information with certain bodies, but will only do so in limited circumstances. For more information about how we hold data, who we share it with and what rights scheme members have to request information from the Fund, please visit www.shropshirecountypensionfund.co.uk.

For Completion by Authorising Signatory:

Name: _____

Job Title: _____

Email: _____

Date: ____/____/____

Please return this form to:

Pensions Services
Shropshire Council

Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

**COVID 19 UPDATE: A SIGNATURE WILL NOT BE REQUIRED.
HOWEVER AS A SECURITY MEASURE, PLEASE ENSURE
THAT THE PERSON EMAILING THIS FORM TO US IS ON THE
AUTHORISED SIGNATORY LIST.**

Or Send a scanned copy to:
pensions@shropshire.gov.uk