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PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN IT TO THE ADDRESS ABOVE

Full name:

Date of birth::

National Insurance Number:

Old address (House no/Flat no & Street)

(Town)

(County) (Post Code)

New address (House no/Flat no & Street)

(Town)

(County) (Post Code)

Signed Date

Telephone Number

Please make sure it is your own signature on this form, if you are unable to sign the form yourself please arrange for someone to telephone this office.

Equiniti, Administering Pensions on behalf of the UKAEA Pension Scheme