

# Financial Assistance Scheme

The Financial Assistance Scheme is administered by the Pension Protection Fund



**FAS Operations Team**  
Financial Assistance Scheme  
PO Box 234, Mowden Hall, Darlington DL1 9GL

**Telephone:**  
**0845 604 4585**  
**Textphone:**  
**0845 604 4139**

[www.pensionprotectionfund.org.uk](http://www.pensionprotectionfund.org.uk)

**FmFAS14**

## Change of personal details form

1/2

Please complete the form in **CAPITAL LETTERS**, using **BLACK INK**.

### Part A

Please complete your personal details.

Title <b>Mr / Mrs / Miss / Ms / Dr</b> <i>(delete as applicable)</i> Other	
Surname	Forenames <i>(in full)</i>
Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	National Insurance number
Telephone number	Email
Address	
<input type="text"/>	
Postcode	

### Part B

Please indicate which personal details have changed.

*Please tick as applicable.*

- |  |   |
|--|---|
| <input type="checkbox"/> Change of address                     | <input type="checkbox"/> Change of telephone number / email address       |
| <input type="checkbox"/> Change of name <sup>1</sup>           | <input type="checkbox"/> Amendment to date of birth <sup>1</sup>          |
| <input type="checkbox"/> Change of marital status <sup>1</sup> | <input type="checkbox"/> Amendments to National Insurance number          |
| <input type="checkbox"/> Change of sex <sup>1</sup>            | <input type="checkbox"/> Other<br><i>Please specify in <b>Part C</b>.</i> |

Effective date of change

#### Important

Please send legal documentation as proof of all changes marked with <sup>1</sup>.

**CONTINUED** →

## Change of personal details form continued

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**Part C**

Please provide details of the change, if required.

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**Part D**

Please indicate legal documentation enclosed. All legal documentation will be returned by Special Delivery.

*Please tick as applicable.*

- |   |  |
|---|--|
| <input type="checkbox"/> Birth Certificate          | <input type="checkbox"/> Deed Poll         |
| <input type="checkbox"/> Marriage Certificate       | <input type="checkbox"/> Decree Absolute   |
| <input type="checkbox"/> Civil Partnership Schedule | <input type="checkbox"/> Dissolution Order |

Other  
*Please specify below.*

**Part E**

Please sign and date the form and return to the following address:

**Financial Assistance Scheme, PO Box 234, Mowden Hall, Darlington DL1 9GL**

Signature

Date

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