

LOCAL GOVERNMENT PENSION SCHEME (LGPS) CHANGE OF DETAILS FORM

This form must be completed by the **employer** for any employee, who is a member of the LGPS, who has any changes to their personal or employment details. (e.g. changes to Hours or Weeks worked, Marital Status, National Insurance Number etc.)

MEMBERS CURRENT DETAILS

Surname		Title	
Forename(s)			
Job Title or Role		NI No	
Employer			

MEMBERS REVISED DETAILS

Please complete with both Existing and Revised details where appropriate.

	Existing Details	Revised Details	Date of Change
Surname			
Forenames			
Mr/Mrs/Miss/Ms/Other			
Marital Status			
National Insurance No.			
Salary			
Address			
Contractual Hours / FTE * (e.g. 36/36 or 18/36)			
Contractual Weeks / FTE * (e.g. 52/52 or 39/52)			
Job Title or Role			

* FTE – full time equivalent

Employer/Directorate/School			
Signed, on behalf of the Employer		Date	
Name in Block Capitals			
Contact Telephone Number			

When complete, please return this form to:-

Equinity using the secure up-load facility, Sharefile,
or by post to - London Borough of Hackney Pensions, Equiniti, Russell Way, Crawley, West Sussex, RH10 1UH

and where relevant, copied to your payroll provider.