

CONTRIBUTOR PERSONAL INFORMATION UPDATE FORM

Instructions: Please complete this form to update your records with Secure Pensions Trust. Kindly attach a copy of your valid National ID and submit to clientservices@securepensiontrust.com. Your request will be processed upon receipt of all the required information.

CONTRIBUTOR DETAILS		
TITLE	FIRST NAME	MIDDLE NAME SURNAME
<input type="text"/>	<input type="text"/>	
CONTRIBUTOR ID	SOCIAL SECURITY NUMBER	DATE OF BIRTH (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
GENDER (M/F)	ID TYPE & NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBER	SCHEME (TIER 2 OR TIER 3)	NAME OF EMPLOYER
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBER INFORMATION UPDATE

	INFORMATION TO BE UPDATED	PLEASE TICK	NEW INFORMATION
1	CHANGE OF NAME	<input type="checkbox"/>	<input type="text"/>
2	CHANGE OF ADDRESS	<input type="checkbox"/>	<input type="text"/>
3	CHANGE OF CONTACT NUMBER	<input type="checkbox"/>	<input type="text"/>
4	CHANGE OF NEXT OF KIN DETAILS	<input type="checkbox"/>	<input type="text"/>
5	CHANGE OF INVESTMENT OPTION (FUND)	<input type="checkbox"/>	<input type="text"/>

**Please provide the necessary documents as evidence for the change where applicable*

Other Update (Please Specify and provide details below)



DECLARATION

I, hereby declare that all the information I have provided on this form is correct and is deemed conclusive. I hereby authorize the changes requested above to my personal information with Secure Pensions Trust Limited effective the date indicated below.

ELIGIBLE EMPLOYEE SIGNATURE

DATE (DD/MMM/YYYY)

FOR OFFICIAL USE ONLY

Request reviewed and approved by:

Authorised Signatory 1:

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Name:

Date:

Authorised Signatory 2:

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Name:

Date: