



# **HERITAGE PENSIONS**

## **CHANGE OF PERSONAL INFORMATION AND BENEFICIARIES FORM**

**PLEASE RETURN THIS FORM TO:**

**Heritage Pensions Limited**  
6 Doolittle Mill  
Froghall Road  
Amphill  
Bedfordshire  
MK45 2ND

# 1 SIPP Details

Title      Mr       Mrs       Miss       Ms       Other

Forename(s)

Surname

SIPP reference number

Date of birth

National insurance number

*Please complete the sections below if your information has changed*

# 2 New Address Details

Permanent residential address   
  
 Postcode

Date moved in

*We require proof of the address change. Please include an original or certified copy of a utility bill or bank statement dated within the last three months.*

Previous address   
  
 Postcode

Date moved in

*If you have lived at this address for less than three years please provide details of all other addresses separately*

# 3 New Contact Details

Telephone numbers      Home       Work   
                                          Mobile       Fax

Email Address



## 4 Other Information

Marital status*	<input type="text"/>
Name of spouse/partner	<input type="text"/>
Country of residence	<input type="text"/>
Date of residency	<input type="text"/>
Occupation	<input type="text"/>
Employment status	<input type="text"/>

*\*We require proof of marital status change. Please include an original or certified copy of your marriage/civil partnership/divorce certificate*

## 5 Nominated Beneficiaries

NAME(S) OF DEPENDANT/BENEFICIARY(IES)	DATE OF BIRTH	RELATIONSHIP	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 6 Other changes you need to notify the trustees of?

Signature

Name

Dated

