

Change of Address Form

Please complete the form in **BLACK INK** and remember to sign and date it.

My details:

Name:

Employee No: Pension No:

(on your payslip)

Old address:

New address:

Postcode: Date of move:

Please sign here:

Signature: Date:

If you need any help completing this form please call 0115 959 1670.

Once completed please return to:

Boots Pension Scheme
Nottingham
NG90 7GP

Alternatively you can send a scanned copy by email to group.pensions@boots.co.uk