



# Partnership pension account: Change of circumstances form

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## Details of member

Surname

Forename(s)

Title

Date of birth (DD/MM/YYYY)

National Insurance number

## Details of change required - Please insert dates and tick the appropriate box

Date of change

Last payroll deduction date

### 1 Moving to new Civil Service employer

New employer name

New employer code

New payroll provider code

**2 Leaving Civil Service employment or Opting out of Civil Service pension arrangements**  
(We will contact the member with details of the options available)

**3 Starting contribution holiday**

**4 Member retiring**  
(We will contact the member with details of the options available)

**5 Change of pension provider**

New provider name

**6 Member deceased**

**7 Switch to premium/nuvos pension scheme**

**8 No pay due to infrequent earnings (eg fee-paid)**

## Authority

This form has been approved and checked on behalf of the employer.

**Name**

**Date**

**Telephone number**

**Employer name/employer code**