

**UNIVERSITY OF CAMBRIDGE PENSIONS ADMINISTRATION  
CHANGE OF ADDRESS FORM**

**MEMBER DETAILS:**

Name			
N.I. Number:		Date of Birth:	

Please print this form and ensure that the completed form includes a physical signature.

A scan of the completed and signed form can then be returned to:

[pensionsonline@admin.cam.ac.uk](mailto:pensionsonline@admin.cam.ac.uk)

**Please also include a scan of your passport or driving licence for verification purposes.**

Alternatively your completed and signed form and the requested copy of your ID can be returned by post (or in person) to:

Pensions Administration  
Greenwich House  
Madingley Road  
Cambridge CB3 0TX

**PREVIOUS ADDRESS:**


**NEW ADDRESS:**


**EMAIL ADDRESS (OPTIONAL):**

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**SIGNATURE:**

**DATE:**

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