PILKINGTON SUPERANNUATION SCHEME CHANGE OF ADDRESS NOTIFICATION

(Please print clearly)	
FULL NAME:	
DATE OF BIRTH:	
NATIONAL INSURANCE NUMBER:	
PREVIOUS ADDRESS DETAILS _	
NEW ADDRESS DETAILS:	
DATE OF MOVE:	
Please update my address inform	ation as detailed above;
applicable data protection legisla process your personal data in co-	on as Scheme Actuary are both Data Controllers for the purposes of ion in the UK. They and their appointed Data Processor(s) will innection with your pension and any transfer. You can find further data is processed in the Trustee's privacy notice, which can be found www.superpilk.com].
SIGNATURE	DATE

Please return the completed form to
PILKINGTON GROUP LIMITED PENSIONS DEPARTMENT HALL LANE LATHOM NR ORMSKIRK L40 5UF