

**PILKINGTON SUPERANNUATION SCHEME
CHANGE OF BANK/BUILDING SOCIETY DETAILS**

(Please print clearly)

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

NATIONAL INSURANCE NUMBER _____

CURRENT INSTRUCTION:

Name of Bank/Building Society: _____

Sort Code: _____

Account Number: _____

Roll Number (if applicable) _____

***NEW INSTRUCTIONS – 'PLEASE COMPLETE ALL BLANK SECTIONS BELOW'**

I hereby authorise you to pay my pension in accordance with the instructions below with effect from:

DATE OF CHANGE: _____

Please note: The account must be held in the name of the Pilkington beneficiary

Account Name: _____

Name of Bank/Building Society: _____

Sort Code: _____

Account Number: _____

Roll Number (if applicable) _____

I recognise that the Trustee and Aon as Scheme Actuary are both Data Controllers for the purposes of applicable data protection legislation in the UK. They and their appointed Data Processor(s) will process your personal data in connection with your pension and any transfer. You can find further information on how your personal data is processed in the Trustee's privacy notice, which can be found by [visiting the Scheme website: www.superpilk.com].

MEMBER'S TELEPHONE NO: _____

MEMBER'S E-MAIL ADDRESS: _____

MEMBER SIGNATURE _____ DATE _____

Please return the completed form to -
PILKINGTON GROUP LTD, PENSIONS DEPARTMENT, EUROPEAN TECHNICAL CENTRE, HALL LANE, LATHOM L40 5UF