



AXIS PENSION TRUST

MEMBER CHANGE REQUEST FORM (STANDALONE)

NAME :		MEMBER #:	SSNIT #:
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EMPLOYER:	TEL:
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SCHEME (s)	
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SUBJECT:	<input type="checkbox"/> PERSONAL DETAILS <input type="checkbox"/> SIGNATURE <input type="checkbox"/> ID DETAILS <input type="checkbox"/> BANK ACCOUNT DETAILS
	<input type="checkbox"/> OTHER : _____

CHANGE FROM:

CHANGNE TO:

DECLARATION

I authorise Axis Pension Trust to make changes to my Pension Fund Account as I have indicated on this form, and I assume sole responsibility for any consequences. I certify that the instructions and information provided herein are true and correct.

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SIGNATURE

.....
DATE