



CHANGE OF COMPANY NAME/SCHEME NAME

This form allows the Trustees to notify Risk Assurance Management Limited of a change in respect of the name of the Principal Employer and/or the Scheme.

Scheme Name:

Policy Number:

We hereby apply to Risk Assurance Management Limited to make the following amendments in respect of the above named Scheme:

Effective Date of Change:

New Name of the Principal Employer:

Where the name of the Principal Employer has changed, please attach a copy of the Certificate of Incorporation. Please tick if attached

New Scheme Name:

Have the Trust Deed and Rules been amended accordingly Yes No

We agree that a copy of this signed document will be legally valid.

Print Name:

Signature:

Position:

Date:

NB: This form must be completed and signed by a Trustee or an individual authorised to sign on behalf of the Trustees. As part of our verification procedure we must be able to authenticate the signature against a specimen signature held on file.

Change of Details Form/08.15(8)