# 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.

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| **Scheme Name:** |
| **Policy Number:** |

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

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| **Effective Date of Change:** |
| **New Name of the Principal Employer:** |
| **Address:** |
| **Companies House Registration No:** |

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

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|---|
| **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.



Risk Assurance Management Limited. Policies underwritten by The Shepherds Friendly Society Limited (FRN 109997)

Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority (FRN 306891)

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Managing General Agents' Association

GRID Group Risk Development