

## EMPLOYER MANDATE CHANGE FORM

(MASTER-TRUST)

EMPLOYER:				
TEL:				
SCHEME	☐ CEDAR PENSION SCHEME ☐ CEDAR PROVIDENT FUND			
CHANGE FROM:				
PERSON(S) TO BE REPLACED:		REASON FOR THE AMENDMENT		
1				
2				
CHANGE TO:				
NAME				
TEL				
EMAIL				
DESIGNATION				
CATEGORY	PRIMARY SECONDARY		□ PRIMARY	SECONDARY
SIGNATURE				
DECLARATIONBY EXISTING SIGNATORIES				
We, the undersigned, acting on behalf of the above mentioned employer, authorise Axis Pension Trust / Axis Pension Administration Services Ltd to make changes to our Pension Fund Account as we have indicated on this form. We certify that the instructions and information provided herein are true and correct.				
				DD / MM / YYYY
SIGNATORY SIGNATORY DATE				