| | | EMPLOYER MANDATE CHANGE FORM (STANDALONE) | | | |
|--|----------|--|-----------|---------------|---------------|
| NAME OF ORGANI | SATION : | | | | |
| EMPLOYER: | | | | TEL: | |
| SCHEME(s) | | | | | |
| CHANGE FROM: | | | | | |
| PERSON(S) TO BE REPLACED: | | | REASON F | OR THE AMENDM | ENT |
| 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 / YYY |
| SIGNATORY | | | SIGNATORY | | DATE |