# Pension Change Notification - The Lewis Workplace Pension Trust

TLWPT
The Lewis Workplace Pension Trust

## Contribution Amendment

Please accept this as my written authority to make to following changes to my pension contributions:

| | |
|---|---|
| **Employee Name** | |
| **Employer / Company Name** | |
| **Current Salary** | £ per annum |
| **Employee Contribution Increase:** **FROM** | % per month or week/ (or fixed £ )<br>*(Please delete as appropriate)* |
| **TO** | % per month or week/ (or fixed £ )<br>*(Please delete as appropriate)* |
| **Employer contribution:** | % per month |

## Address Amendment

Please accept this letter as my written authority to amend my current address:

**From:**

| |
|---|
| |
| |
| |
| |
| |

**To:**

| |
|---|
| |
| |
| |
| |
| |

**Signed:** …… **Date:** ……

Once completed please return this form to:
Lewis Investment (Workplace Pension Team), 41 Commercial Road, Poole, Dorset, BH14 0HU.