

# Change of Name Form



If you have changed your name, please complete both the previous details and new details and sign the form.  
Please complete in ink all sections of the form in BLOCK CAPITALS or tick white boxes where provided. If you have any questions, just ask.

## Your Account Numbers

Please list your account numbers here:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Previous Name

Please Complete in Full

- Title (e.g. Mr/Mrs/Miss)
- Surname
- Forenames (in full)
- Date of Birth

<input type="text"/>	2. Surname	<input type="text"/>
<input type="text"/>		
D D M M Y Y Y Y		

## Savers New Details

- Title (e.g. Mr/Mrs/Miss)
- Surname
- Forenames (in full)
- Date of birth
- National Insurance Number
- Address for correspondence (if different)
- Country of Residency
- Postcode
- Second Nationality (if applicable)
- Nationality
- Country of Birth
- Place of Birth
- Tax ID Number (if applicable)
- Other countries you are resident for Tax
- Work telephone
- Home telephone
- Mobile telephone
- Email address

<input type="text"/>	2. Surname	<input type="text"/>
<input type="text"/>		
D D M M Y Y Y Y		
		5. National Insurance Number
<input type="text"/>		
<input type="text"/>		7. Country of Residency
<input type="text"/>		<input type="text"/>
<input type="text"/>		9. Second Nationality (if applicable)
<input type="text"/>		<input type="text"/>
<input type="text"/>		11. Country of Birth
<input type="text"/>		<input type="text"/>
<input type="text"/>		13. Tax ID Number (if applicable)
<input type="text"/>		<input type="text"/>
14. Home telephone		<input type="text"/>
15. Work telephone		<input type="text"/>
16. Mobile telephone		<input type="text"/>
17. Email address		<input type="text"/>

## Reason for Change of Name

If you are a US citizen or hold a passport or green card, you will also be considered a tax resident in the US even if you live outside the US.

## Current Signature

- Date
- Savers Signature

D D M M Y Y Y Y
<input type="text"/>

## New Signature

- Date
- Savers Signature

D D M M Y Y Y Y
<input type="text"/>

For change of name, please provide proof of your change of name in the form of one of the following:

- Marriage Certificate
- Deed Poll
- Statutory declaration
- Civil partnership certificate or
- Gender recognition certificate

For Society use only

Customer number	<input type="text"/>
Signature (s) checked	<input type="text"/>
Input by	<input type="text"/>
Date	<input type="text"/>
Checked by	<input type="text"/>
Date	<input type="text"/>
Documentation presented	<input type="text"/>
Copy of document attached	<input type="text"/>