

**THE METAL BOX PENSION SCHEME
CHANGE OF ADDRESS FORM**

Name: _____

Reference Number: _____

Address: _____

Postcode: _____

I understand that the Trustee, and the Advisers and Administrators, of The Metal Box Pension Scheme (as detailed in the Trustee's Report and Financial Statements) will need to maintain and process certain data about me. I accept that the Trustee, and the Advisers and Administrators, of the Scheme need this data to calculate and pay benefits, for statistical purposes, for reference purposes and to administer the Scheme as a whole and that the Trustee will be the data controller for the purposes of the General Data Protection Regulation (GDPR) 25 May 2018. I agree to the data being held electronically and to the necessary data processing taking place.

Signed: _____

Date: _____