

# *The College of Law Pension & Assurance Scheme*

## **Confirmation of future method of communication with The College of Law Pension and Assurance Scheme**

**Members name:**

**Postal address:**

**National insurance number:**

**Please delete as appropriate:**

**a) I confirm that future scheme information can should be sent to the following email address:**

**or**

**b) I confirm that I wish to opt out of receiving communication from the Pension Scheme electronically. Please send future communications by post to the address above.**

**Signed:**

**Date:**

**Please note that the email address provided will only be used for the purposes of correspondence regarding The College of Law Pension and Assurance Scheme.**

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Tel: 02030 055 695