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|  |  | **CLIENT CONTACT DETAILS UPDATE FORM**  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **Please provide contact details for the individuals in the following roles and;** **Select relevant boxes to let us know if this contact can verify a bank account update for the scheme and/or verify an instruction (note, this is mandatory for primary and secondary contacts)** **Tick the relevant boxes for reports required (Scheme valuation, transaction statements and performance information can be obtained via LGIM Connect).**  |
| **Job Title** | **Name** | **Organisation** | **Direct Dial telephone Number** | **Organisational telephone Number****(e.g. switchboard for company)** | **Email** **(Please provide a corporate email address where available)** | **Postal address** | **Bank account verification**  | **Instruction/payment validation**  | **1/4ly Report** | **1/4ly Invoice** | **LGIM Connect** |
| Primary Contact  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[x] [x] [ ] [ ] [ ]
| Secondary Contact | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[x] [x] [ ] [ ] [ ]
| Additional Secondary Contact (if applicable)  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[x] [x] [ ] [ ] [ ]
| Chair of Trustees(Trust Based Schemes) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ] [ ] [ ] [ ]
| Consultant | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ] [ ] [ ] [ ]
| Administrator | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ] [ ] [ ] [ ]
| Auditor | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ] [ ] [ ] [ ]
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ] [ ] [ ] [ ]
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