



The Pensions Trust

CARE SCHEME TRANSFER IN FORM OF AUTHORITY

Member's Name:	
Member Number:	
Member's Address:	
Date of Birth:	
Full Name of Previous Scheme:	
Address of Previous Scheme:	
Previous Scheme Reference:	

Please provide The Pensions Trust with all necessary information concerning my Pension Benefits.

Signed:

Date:

The Pensions Trust,
Verity House, 6 Canal Wharf, Leeds LS11 5BQ. Tel: 0113 234 5500