



Transfer In Form of Authority

Defined Contribution (DC) Structure

TO PROVIDE AUTHORISATION FOR THE PENSIONS TRUST TO CONTACT YOUR PREVIOUS PENSION PROVIDER, PLEASE COMPLETE SECTIONS 1, 2 AND SIGN THE DECLARATION.

1. Your Details

Surname: _____ Forename(s): _____

Membership Number (if known): M

National Insurance Number:

2. Previous Pension Scheme

Pension Scheme Name: _____

Policy/Membership Number (if known): _____

Address: _____

Postcode: _____ Telephone Number: _____

EMPLOYEE'S DECLARATION

I authorise The Pensions Trust to investigate a possible transfer of benefits from my previous pension scheme into The CARE Scheme.

Signed: _____ **Date:** ___ / ___ / ___

Full Name: _____

The completed form should be sent to The CARE Scheme at the address below. Any queries please call 01 13 394 2553 or email enquiries@thepensiontrust.org.uk

The information on this form will be treated in the strictest confidence.
 Personal data which is held will be processed in line with the Data Protection Act 1998.
 The Data Controller is Verity Trustees Ltd.