

## SHPS TRANSFER IN FORM OF AUTHORITY

Member's Name:	
Member Number:	
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: .....

SHPS Team 1, The Pensions Trust,  
Verity House, 6 Canal Wharf, Leeds LS11 5BQ. Tel: 0845 608 5252



Administered by  
The Pensions Trust