

**LOCAL GOVERNMENT PENSION SCHEME REGULATIONS**

**TRANSFER AUTHORITY FORM**

**For each transfer that you wish to investigate, a separate transfer authority form must be completed.**

**Once completed, please return the form to:**

**PENSION SERVICES SECTION, STAFFORDSHIRE COUNTY COUNCIL,**

**2 STAFFORDSHIRE PLACE, TIPPING STREET, STAFFORD ST16 2DH**

**Email:** **pensions.enquiries@staffordshire.gov.uk**

|  |
| --- |
| **INVESTIGATION INTO POSSIBILITY OF TRANSFER OF PREVIOUS PENSION RIGHTS** |
| **Full Name:** |  |
| **National Insurance Number:** |  | **Date of Birth:** |  |
| **Address:** |  |
|  | **Post Code:** |  |
| **DETAILS OF YOUR PREVIOUS PENSION** |
| **Name of previous pension arrangement:** |  |
| **Policy Number or** **Scheme Membership Number:** |  |
| **Address:** |  |
|  | **Post Code:** |  |

### DECLARATION

I hereby give notice that I wish to have my pension rights as held in the above pension arrangement investigated and possibly transferred to the Staffordshire County Pension Fund. I confirm that I have not received a refund of pension contributions from my previous employer.

I enclose a copy of my birth certificate and (where appropriate) the relevant certificates confirming my Marital or Civil Partnership status.

(The certificates are necessary for the calculation of the value of benefits on transfer to the Local Government Pension Scheme)

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Signature:**  |  | **Date:** |  |