# Form of Authority – Transfers

Bedfordshire Pension Fund Reference Number:

| **Name and address of previous pension provider** |
| --- |
| Provider name: |
| Address: |
| Post Code: |
| Email address: |
| Scheme/Policy/Plan reference number:  |
| Date membership started: |
| Date membership ended: |
| **Declaration:**  This form may be taken as authority for Bedfordshire Pension fund to ask for, on my behalf, information about my pension benefits. I understand that **this is not a request to transfer or combine benefits** and that Bedfordshire Pension Fund will contact me in due course with information on the options available to me. |
| Signed:  |
| Date: |

|  |
| --- |
| **Personal Details**  |
| Name:  |
| National Insurance Number:  |
| Date of birth: |
| Home address:  |
| Telephone number:  |
| Email address:  |

Please post the completed form to:

Bedfordshire Pension Fund, Borough Hall, Cauldwell Street, Bedford MK42 9AP

Or scan or take a photo of the completed form and email it to pensiontransfers@bedford.gov.uk

You may want to check your email security settings before sending personal information by email.