# Form of Authority – Transfers

Bedfordshire Pension Fund Reference Number:

| **Name and address of previous pension provider** |
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| 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: |

|  |
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| **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.