

Previous Pension Benefits

You **MUST** complete this form and sign the declaration in Part D (see page 2). The form must be sent back to Bedfordshire Pension Fund along with completed forms of authority, where applicable. If you have no previous pension benefits you must still complete Part D and return the form.

There are time limits on a member's options for previous pension rights so it is essential that you send this information to Bedfordshire Pension Fund as soon as possible.

Surname:		Forename(s):	
NI number:		Pension reference:	

PART A – Previous Local Government Pension Scheme membership

Please list all previous periods of Local Government Pension Scheme membership below.

It is essential that you tell Bedfordshire Pension Fund about this pension membership. If you do not, it may mean that your pension benefits will be worked out incorrectly. If you have deferred benefits for a period of membership which ended before 1 April 2014 you may lose the right to transfer if the process cannot be completed within 12 months of the date you joined the LGPS in this employment.

Once we have received your form we will write to your previous provider(s) for more information and contact you about your options.

Local Government Pension Fund	Dates of membership	
	From	To

PART B – Previous Public Sector Pension Scheme membership (non-LGPS)

Please list all previous periods of Public Sector Pension Scheme membership below. **It is essential that you tell Bedfordshire Pension Fund about this membership. If you do not, it may mean that your LGPS benefits will be worked out incorrectly.** If you are interested in transferring any of these, please tick 'yes' and complete the enclosed Form of Authority. Please continue on a separate sheet of paper if necessary.

Name of Previous Provider	Dates of membership		Investigate a transfer*	
	From	To	Yes	No

*If you have ticked that you would like to investigate a transfer, **you must also complete a Form of Authority (copy enclosed)** for us to send to your previous provider.

PART C – Other previous pensions

If you have any other pension benefits, which are not LGPS or public sector, please fill in the details below. If you are interested in transferring any of these, please tick 'yes' and complete the enclosed Form of Authority. We will then send you more information about the transfer process. Please continue on a separate sheet of paper if necessary.

You may lose the right to transfer if the process cannot be completed within 12 months of the date you joined the LGPS in this employment.

Name of previous pension provider	Investigate a transfer*	
	Yes	No

*If you have ticked that you would like to investigate a transfer, **you must also complete a Form of Authority** (copy enclosed) for us to send to your previous provider.

PART D – Previous pension benefits declaration

Surname:		Forename(s):	
NI number:		Pension reference:	

Please tick all that apply:

- I do not have any previous pension benefits
- I have previous LGPS benefits and have completed part A
- I have previous public sector pension scheme benefits (non-LGPS) and have completed part B. I have also completed and enclosed a Form of Authority for the benefits that I would like to investigate transferring to Bedfordshire Pension Fund.
- I have previous pension scheme benefits which are not LGPS or public sector and have completed part C. I have also completed and enclosed a Form of Authority for the benefits that I would like to investigate transferring to Bedfordshire Pension Fund.

Signed:		Date:	
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Form of Authority – Transfers

Bedfordshire Pension Fund reference number:

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 an election to transfer or combine benefits** and that Bedfordshire Pension Fund will contact me in due course with information on the options available to me.

Name and address of previous pension provider

Name of Pension:

Address:

Post code:

Previous provider email address:

Scheme / Policy / Plan reference number:

Period of membership: From _____ to _____

Signed:

Date:

Personal details (please tell Bedfordshire Pension Fund immediately if any of these details are incorrect)

Name:

National Insurance number:

Date of birth:

Home address:

Daytime contact telephone number:

Email address:

If you are interested in transferring more than one previous pension please photocopy this form or download a further form from our website at:

http://www.bedspensionfund.org/active_members/transferring_pension_rights.aspx

Once completed, please upload the form using 'My Uploads' on My Pension Online.