

Transfer-in Form

Please use block capital letters.

Your full name:

Your home address
and postcode:

Your pension reference number:

Your date of birth:

 / /

Your work address:

I am a member of the Railways Pension Scheme and I am interested in transferring my pension rights from my previous employer or personal pension plan.

Name, address and
postcode of
previous pension
provider:

Dates employed:

From

 / /

to

 / /

Membership or reference number:

Will the transfer value include membership from an additional voluntary contribution scheme?

Yes
No

Name, address and
postcode of pension
fund administrator
if different from
previous pension
provider:

Please ask my previous pension provider or the Department of Social Security to provide any information you need to work out my transfer value quotation.

Your signature:

Date:

 / / 

Please send
this form to:

Pensions Management, PO Box 300,
Darlington, DL3 6YJ.

