

# TRANSFER AUTHORITY FORM

A separate transfer authority form will be required to be completed for every transfer that you wish to investigate, whilst you will also be required to confirm your date of birth in order to instigate this process (photocopies are accepted).

I hereby give my written authority for Clwyd Pension Fund to obtain information regarding my pension from:

**Name of Insurance Company or Occupational Pension Scheme**

**Address of Previous Pension Provider:**

**Policy or Plan Number:**

**Full name:**

**N.I. Number:**

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**Members address:**

**Signature:**

**Date:**

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***I HAVE CONFIRMED  
MY DATE OF BIRTH***

Please tick

Please return via email to: [pensions@flintshire.gov.uk](mailto:pensions@flintshire.gov.uk) or  
via post to: Clwyd Pension Fund, County Hall, Mold, Flintshire, CH7 6NA