

## Local Government Pension Scheme Transfer Authority Form

Please note that you can only transfer in previous pensions to the Clwyd Pension Fund within 12 months of joining our scheme. Any transfer requests beyond the 12 month window must be authorised at your employer’s discretion.

For each transfer that you wish to investigate, a separate transfer authority form must be completed. You will also be required to provide a photocopy of a document which confirms your date of birth.

### Your Details:

Full Name:			
NI Number:		Date of Birth:	
Address:			
		Post Code:	
Email Address:		Telephone No:	
<b>Language Preference:</b> I wish to receive <b>ALL</b> future correspondence in (Please ✓ the appropriate box to indicate your election):			
Welsh	<input type="checkbox"/>	English	<input type="checkbox"/>
		Bilingual	<input type="checkbox"/>
<b>Communications Preference:</b> I wish to receive <b>ALL</b> future correspondence in (Please ✓ the appropriate box to indicate your election):			
<b>Electronic</b>	<input type="checkbox"/>	<b>Paper</b>	<input type="checkbox"/>
*Please make sure you have registered to use Member Self-Service to receive correspondence electronically: <a href="https://mss.clwydpensionfund.org.uk/home/login/">https://mss.clwydpensionfund.org.uk/home/login/</a>			

### Details of your previous pension:

Name of insurance company or occupational pension scheme:			
Policy or Plan Number:			
Address of previous pension provider:			
		Post Code:	

### Declaration:

- By completing this form, I give my written authority for Clwyd Pension Fund to obtain information regarding my pension
- I can confirm that I have provided Clwyd Pension Fund with proof of my date of birth

Your signature:		Date:	
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**This completed form should be returned to the Clwyd Pension Fund by one of the following methods:**



Upload the forms via MSS ‘Document Upload’



[pensions@flintshire.gov.uk](mailto:pensions@flintshire.gov.uk)



Clwyd Pension Fund, County Hall, Mold, Flintshire, CH7 6NA