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| TRANSFER IN AUTHORITY FORM |

Please note you should complete a separate form for each scheme or contract.

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| **Your details** |
| Last name: | Title: |
| First name(s): |
| Address: |
|  | Postcode: |
| Date of Birth: | National insurance number: |

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| **Details of your previous pension arrangement** |
| Name of Scheme: |  |
| Address of old Scheme: |  |
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| Contact Name (if known): |  |
| Telephone Number (if known): |  |
| Scheme/Policy or Reference Number: |  |

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| **Declaration** |
| I authorise RPMI as appointed third party administrator to the above scheme, to obtain any benefit details from the administrator or insurer of any scheme or contract of which I am, or have been a member, and I authorise the giving of such information.Should I subsequently wish to transfer my benefits to the above scheme, I will provide written authority for the transfer to proceed, and I understand that the trustees of the above scheme will need to agree to the transfer. I understand that neither RPMI or the Trustees can advise me on the suitability of the transfer. |
| Signature: | Date: |

**Please return this form to RPMI, PO Box 331, Brinkburn Road, DARLINGTON, DL1 9PR**