

Local Government Pension Scheme
Application to Transfer Out Local Government Pension Scheme Benefits

TVOUT01

Please complete Sections 1 – 4 in BLOCK CAPITALS and then forward the form to your new pension provider.

Section 1 Personal Details

Surname: Title:
Forenames: Previous Surname(s):
Address:
Post Code: Date of Birth:
Home Email Address: National Insurance No:
Home Phone No: Work Phone No:

Section 2 Partnership Status

Single Married Registered Civil Partnership Cohabiting Partner* Divorced Surviving Spouse

* Only applicable if you were a contributing member of the Local Government Pension Scheme on or after 1 April 2008.

Section 3 Details of New Pension Provider

Name of Scheme: Scheme Administrator:
Address:
Post Code:
Membership No (if known):

Section 4 Authorisation

I, the undersigned, hereby authorise LGSS Pensions Service to provide information regarding the transfer of my pension benefits to the scheme as detailed in Section 3.

Signed: Date:

The information which is collected on this form will be held and processed in line with the Data Protection Act. The information will be shared between Cambridgeshire and Northamptonshire County Councils for the purposes of pensions administration.

This information can be made available in other languages and formats upon request such as Braille, large print and audio cassette. Please phone (01604) 366537 for further information.