

Powys County Council Pension Fund

Local Government Pension Scheme

Declaration of previous pension rights

I refer to your recent entry into the above pension scheme. Please complete this form and return it to us giving details of any previous pension rights. If you have no previous pension rights please state none on the form overleaf.

Important Note :

You must express an interest in transferring pension rights within **12 months** of commencing membership of the pension scheme. You will not be given the opportunity at a later date to investigate the possibility of a transfer.

Personal Details			
Title:		Full Name:	
Home Address:			
		Post Code:	
Tel Number:		Date of Birth:	
Email:		NI Number:	
Marital / Civil Status:	Single / Married / in a Civil Partnership / Divorced / Widowed / Surviving Civil Partner / Cohabiting Partner		

Have you been a member of another employer's pension scheme? **Yes/No ***

Have you contributed to a Personal Pension Scheme/Retirement Annuity Contract **Yes/No ***

Have you contributed to an Additional Voluntary Contributions or Free Standing Additional Voluntary Contributions arrangement? **Yes/No ***

*** Delete as appropriate**

If you have contributed to any of the above schemes, then you may be able to transfer the accrued benefits into the Local Government Pension Scheme. If you would like further information on the possible transfer of your benefits, **please give further details overleaf:-**

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Please give details of your previous pensions below

Name and address of Employer Pension Scheme and/or Personal Pension / FSAVC provider		Post Held or Policy Number	Date From	Date To	Have any contributions been refunded
1. Scheme Name:					
Address:					
2. Scheme Name:					
Address:					
3. Scheme Name:					
Address:					
4. Scheme Name:					
Address:					

Please note that declaring pension rights above indicates that you would like further details on the possible transfer of your benefits. The transfer will not proceed until you have been given the necessary details in order to make a decision.

Authorisation

I hereby give authorisation for Powys County Council Pension Scheme to seek the information necessary to transfer my pension rights from the above named schemes/policies.

Signed: _____ Date: _____

Please Return to:-

**Pensions Section
Powys County Council
Po Box 71
Llandrindod Wells
LD1 9AQ**

Please see our website www.powyspensionfund.org for more information
or contact us at pensions@powys.gov.uk