

# Transfer of Pension Rights Authority Declaration Form

**Your Full Name:** \_\_\_\_\_

**National Insurance Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Post Code:** \_\_\_\_\_

*(Please complete this form using black ink)*

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## Section 1: Authorisation

I authorise my present pension administrator, Merseyside Pension Fund, to request transfer details from: -

**Name of previous pension provider:** \_\_\_\_\_

**Address of previous pension provider:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Identity or Policy Numbers:** \_\_\_\_\_

**Period of Membership From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Signed \_\_\_\_\_

Dated \_\_\_\_\_

## Send completed form to:

Merseyside Pension Fund, Castle Chambers, 43 Castle Street, Liverpool, L2 9SH