

TRANSFER-IN AUTHORITY FORM
Metropolitan Police Pension
Police Pension Scheme

Member's Name:

Member Number:

Member's Address:

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I would like to consider transferring pension benefits from my previous employment.

Please contact:

Name of Scheme:

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Scheme Reference/Policy Number:

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Contact Name:

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Company Name:

.....

Address for correspondence:

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.....

.....

Post Code

I enclose relevant correspondence (if any), and give my permission for the client to request details of my pension entitlement from the

Signed: Date:

Full Name: