Member Form of Authority

Defined Contribution

To provide authorisation for TPT Retirement Solutions to contact your previous pension provider, please complete sections 1, 2 and sign the declaration.

1 | Your details

Surname: ………………………………………………… Forename(s): …………………………………………………………………….

Member Number (if known): M ……………………………………………………………………………………………………….

National Insurance Number: ……

2 | Previous pension scheme

Pension Scheme Name: …….

Policy/Membership Number (if known): …………………………………………………………………………………………………

Address: ……

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Postcode:………………………………………………… Telephone Number: …………………………………………………………

EMPLOYEE'S DECLARATION

I authorise TPT to investigate a possible transfer of benefits from my previous pension scheme into the ……………………………………………..Pensions Scheme[1].

Signed:……………………………………………………………………… Date:…………………………….

Full name:……………………………………………………………………………………………………….

The completed form should be uploaded via **Contact TPT**, or printed and sent to TPT at the address below.
Any queries please call **0845 608 5252** or email **enquiries@tpt.org.uk**

[1] To fill in your signature, click **'Fill & Sign'** on the right-hand tool bar, then click **'Sign Yourself'** on the top tool bar. Add a signature if you don't already have one created, then drag and drop onto the dotted line.

t|p|t

Retirement Solutions