

Social Housing Pension Scheme

# Member Form of Authority

Defined Benefit and 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):.....

Membership Number (if known): M.....

National Insurance Number:.....

## 2 | Previous pension scheme

Pension Scheme Name:.....

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

Address:.....

Postcode:..... Telephone Number:.....

### EMPLOYEE'S DECLARATION

I authorise TPT to investigate a possible transfer of benefits from my previous pension scheme into the Social Housing Pension Scheme (SHPS).

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

Full name:.....

The completed form should be sent to SHPS at the address below. Any queries please call **0845 608 5252** or email **enquiries@tpt.org.uk**

*Personal data which is held will be processed in line with data protection laws. For more information see [www.tpt.org.uk/privacy-policy](http://www.tpt.org.uk/privacy-policy). The Data Controller is Verity Trustees Ltd.*

Verity House, 6 Canal Wharf, Leeds LS11 5BQ **Tel:** 0345 072 6780  
**Email:** TPTenquiries@jltgroup.com **www.tpt.org.uk/schemes/shps-dc**

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