

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:

.....

Postcode: Telephone Number:

EMPLOYEE'S DECLARATION

I authorise TPT to investigate a possible transfer of benefits from my previous pension scheme into the Pensions Scheme¹.

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

¹To 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.

Personal data which is held will be processed in line with data protection laws. For more information see www.tpt.org.uk/privacy-policy. The Data Controller is TPT Retirement Solutions Ltd.

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Tel: 0345 072 6780 Email: enquiries@tpt.org.uk www.members.tpt.org.uk

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Retirement Solutions