



Parliamentary Contributory Pension Fund - CARE sections

Transfer in authority form

To the administrators of:

Name of your previous scheme:

Name of administrator/insurance company:

Address:

Postcode:

I authorise you to provide full details of my pension arrangements under the above scheme, including a current transfer value, to RPMI Ltd, as administrators of the Parliamentary Contributory Pension Fund (PCPF).

Your details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no.

PCPF member no. (if known)

Home address:

Postcode:

Telephone no.

Mobile no.

Email:

I am contributing to the MPs' Pension Scheme Ministerial Pension Scheme **(tick as appropriate) ✓**

The information below may help the administrators/insurance company trace your record (please fill in as much as you can)

Previous employer:

Approximate dates of membership: From to

Membership number (if known):

Signed:

Date: / /

Please note that you will need to complete a separate copy of this form for each pension you wish to transfer into the PCPF.

Please return this form to: PCPF Administration Team, RPMI, PO Box 193, Darlington DL1 9FP