



# Parliamentary Contributory Pension Fund - CARE sections Transfer in option form

## 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:

Your transfer in will be credited to the MP Section of the Fund, however if you would prefer your benefits to be transferred into one or more of the other sections that you are currently contributing to, please specify below:

MP Section  %    Ministerial Section  %    Office Holder Section  %

**Please note** your percentages must equal 100%

I wish to transfer my previous pension benefits from:

to the PCPF.

Address:

Postcode:

The transferring scheme must be a Registered Pension Scheme.  
Please provide the name of previous pension scheme, plus the address of the scheme's Trustee if possible.

**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.

**You will also need to complete the Transfer in authority form.**

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