Social Housing Pension Scheme

shps

Member Form of Authority

Defined Benefit and Defined Contribution

TO PROVIDE AUTHORISATION FOR THE PENSIONS TRUST 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 The Pensions Trust 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@thepensionstrust.org.uk

The information on this form will be treated in the strictest confidence.
Personal data which is held will be processed in line with the Data Protection Act 1998.
The Data Controller is Verity Trustees Ltd.

Administered by
The Pensions Trust

The Pensions Trust, Verity House, 6 Canal Wharf, Leeds LS11 5BQ Tel: 0845 608 5252 Fax: 0113 394 2698
Email: enquiries@thepensionstrust.org.uk or visit www.shps.org.uk www.thepensionstrust.org.uk