Private & Confidential

Derbyshire Pension Fund County Hall Matlock Derbyshire DE4 3AH

CONTROLLED ONCE COMPLETED

To whom it may concern,

Local Government Pension Scheme (LGPS) – Public sector pension scheme membership: Letter of Authority

Please accept this Letter of Authority as my approval to investigate a transfer in to Derbyshire Pension Fund (the Fund) for my previous public sector pension scheme membership. I have provided my personal and scheme details in the following sections.

Section 1 – Personal details								
Please complete your personal details if you have previous Public Sector pension scheme membership and on your "Previous pension membership form" at section 5 you selected "Investigate a transfer of previous public sector pension membership":								
Surname				Title		Marital s	tatus	
Forename(s)				Previo	evious name(s), if any			
Address								
Date of birth	dd/mm/yyyy Nation			nal Insurance number				
Telephone	Emplo			yer				
Section 2 – Public sector pension scheme details								
Please provide details in this section about the public sector pension scheme which you wish the Fund to contact in respect of investigating a transfer from the scheme:								
Name of schem								
My scheme refe								
Date of leaving							dd/mm/yyyy	
Address of sch								
Section 3 – Sign and date								
Once signed and dated, please return this Letter of Authority to Derbyshire Pension Fund with your completed "Previous Pension Membership Form":								
Print name								
Signature					Date			dd/mm/yyyy

Please return this letter to Derbyshire Pension Fund, County Hall, Matlock, DE4 3AH

