

## Transfer enquiry authorisation

**LGPS 01A**

This form should be completed if you would like Avon Pension Fund to investigate transferring your previous pension rights into your current Local Government Pension Scheme (LGPS) membership.

Completing this form does not mean that the transfer will automatically go ahead. We are required to undertake certain regulatory checks to protect against fraud. If your transfer can go ahead, the documents required from schemes and third-party providers can take several weeks to complete.

**A separate form must be completed for each previous pension you want us to enquire about.**

### Your personal details

|                                |                      |                           |                      |
|--------------------------------|----------------------|---------------------------|----------------------|
| Surname                        | <input type="text"/> | Forename(s)               | <input type="text"/> |
| Date of birth                  | <input type="text"/> | National Insurance number | <input type="text"/> |
| Address                        | <input type="text"/> |                           |                      |
|                                | <input type="text"/> | Post Code                 | <input type="text"/> |
| Email address                  | <input type="text"/> |                           |                      |
| Name of Employing organisation | <input type="text"/> |                           |                      |
| Former Surname (if applicable) | <input type="text"/> |                           |                      |

### Previous Pension Scheme

|                                              |                      |          |                      |
|----------------------------------------------|----------------------|----------|----------------------|
| Scheme name                                  | <input type="text"/> |          |                      |
| Address                                      | <input type="text"/> |          |                      |
| Membership / Policy Number                   | <input type="text"/> |          |                      |
| Start date                                   | <input type="text"/> | End date | <input type="text"/> |
| Name of Previous Employer (if applicable)    | <input type="text"/> |          |                      |
| Address of Previous Employer (if applicable) | <input type="text"/> |          |                      |
| Post held (if applicable)                    | <input type="text"/> |          |                      |

I authorise the administrators of my previous pension scheme, named above, to disclose full details of any pension rights I have in that scheme to the administrators of the Avon Pension Fund of the LGPS.

|                   |                      |      |                      |
|-------------------|----------------------|------|----------------------|
| Full name (Print) | <input type="text"/> | Date | <input type="text"/> |
|-------------------|----------------------|------|----------------------|

### Please return this form to Avon Pension Fund by:

Email: [avonpensionfund@bathnes.gov.uk](mailto:avonpensionfund@bathnes.gov.uk)

Post: Bath & North East Somerset Council, Lewis House, Manvers Street, Bath BA1 1JG

**Avon Pension Fund, Local Government Pension Scheme administered by Bath & North East Somerset Council.**

**How we use your personal data:** We use the information you give us on this form to manage your pension and deal with your request. More information about how we use and protect personal data, including your rights, is available in our Privacy Notice on our website at: [www.avonpensionfund.org.uk](http://www.avonpensionfund.org.uk)

LGPS01A V1.3 20260806