

THE POLICE PENSIONS REGULATIONS 2015
CITY OF LONDON POLICE
TRANSFER OF PENSION RIGHTS

Name:	
N.I. Number:	
Date of Birth:	
Address:	

I, the undersigned, hereby authorise the City of London to enquire into the possible transfer to the Police Pension Scheme, of my pension rights held with:

Name of Previous Employer or Scheme Administrator	
Position Held (if applicable)	
Address of Previous Employer or Scheme Administrator:	

Periods of Scheme Membership			
From:		To:	

Policy Number:	
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Signed..... Date.....

Name (BLOCK LETTERS)

Please return this form to :-

The Pensions Office
City of London
PO Box 270
Guildhall
London
EC2P 2EJ