Inter-scheme transfer			
www.railwayspensions.co.uk	csu@railpen.com	0800 012 1117	PO Box 300, Darlington, DL3 6YJ

Please complete this form	using black ink and	d capital letters,	and ensure you	sign it before
returning.				

Your member reference in your current scheme:	
Your title:	
Your first name:	
Your surname:	
Your date of birth:	DD/MM/YYYY
Your address:	
Postcode:	
Employer when you left the pension scheme:	
Date you left:	DD/MM/YYYY
Your new employer:	
Date you joined:	DD/MM/YYYY

I understand that I have a right to transfer my accrued benefits from my previous employer's pension scheme to my new employer's pension scheme.

Please provide me with a quotation of the period of membership I will receive in my new employer's pension scheme, in respect of my membership of my previous employer's scheme, if I proceed with the transfer.

Signature:								
Date signed:	DD	/	MM	/	YYYY			

Thank you. Please return this form to the address at the top of this page.