

**SHETLAND ISLANDS COUNCIL
LOCAL GOVERNMENT PENSION SCHEME (LGPS)**

PENSION TRANSFER AUTHORITY FORM

Full Name

National Insurance Number

Date of Birth

Home Address:

.....

.....

Marital Status:

Name & Address of
Pension Provider

.....

.....

Policy/Plan Number:

Period of Membership: From.....To.....

I wish to investigate the possibility of transferring my accrued pension rights to the Shetland Islands Council Pension Scheme and request that details of the transfer value, and any other information required in connection with the transfer, be forwarded to them at the following address:

**SHETLAND ISLANDS COUNCIL
FINANCE SERVICES - PENSIONS
CORPORATE SERVICES
8 NORTH NESS BUSINESS PARK
LERWICK, SHETLAND
ZE1 0LZ**

Signature

Date

**Please note this form does not commit you to transfer
Transfers from previous schemes require to take place within 12 months of joining
the LGPS**