

## TRANSFER OF PENSION RIGHTS

Name.....	Email.....
NI number: <input type="text"/>	Date of Birth <input type="text"/>
Email.....	
Address.....	
.....Post code.....	

### Transfer of Pension Rights

You have the right to transfer your pension in the LGPS to another approved pension agent.

By completing this form you are expressing an interest only and Essex Pension Fund will only pay the cash equivalent transfer value to a receiving arrangement on receipt of your written election.

### New pension scheme details

Name.....
Address.....
.....Post code.....

### Signed and dated

I authorise Essex Pension Fund to provide details of my Local Government Pension Scheme to my new pension provider.

Signed.....Dated.....

*"Data Protection Act 1998: Personal information contained on this form will be held on computer files and/or relevant filing system for the purpose of administering the Local Government Pensions Scheme. This information will only be shared with third parties for the purpose of providing the appropriate service or meeting legislative requirements"*

For more information visit, [www.essexpensionfund.co.uk](http://www.essexpensionfund.co.uk)

**Please return this form to:**

Essex Pension Fund  
PO Box 11, County Hall  
Chelmsford  
Essex  
CM1 1LX