##### Transfer of Benefits RequestLetter of Authority

I hereby give authority to The Trustees of PASNAS to obtain any information they require in connection with my benefits from the administrators or trustees of any pension scheme of which I am or have been a member.

 **Member number** ….………………………………..

**Full Name**  …………………………………………………………………………

**Home address**  …………………………………………………………………………

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 …………………………………………………………………………

 …………………………………………………………………………

**N.I. Number** …………………………………… **Date of Birth** ………………………..

### Signature ……………………………………. Date ……………………...........

#### **Details of scheme from which transfer is requested:-**

**Scheme Name** ………………………………………………………………………….

**Scheme Address** …………………………………………………………………………

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**Reference No** …………………………………………………………………………..

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**Please note that completion of this form does not commit you to transfer your benefits.**