

## Transfer-in Authority Form

### Personal Details

Employer	<input type="text"/>		
Surname	<input type="text"/>	Title:	<input type="text"/>
Forenames	<input type="text"/>	Marital Status:	<input type="text"/>
NI Number	<input type="text"/>	Date of Birth:	<input type="text"/>

### Former Scheme Details

Name of Previous Scheme:

Address:

Telephone Number:

Type of Scheme (please tick):

Occupational Pension Scheme	<input type="checkbox"/>	Retirement Annuity Contract	<input type="checkbox"/>
Personal Pension Scheme	<input type="checkbox"/>	Free Standing AVC	<input type="checkbox"/>

Did you transfer pension benefits from another arrangement into the Scheme named above (please tick):

Yes  No

If so, which Scheme(s):

### Membership Details

Dates of Membership:  to

Membership Number:  (if known)

If the Scheme was provided by a former employer please provide details below:

Name of Employer:

Address:

### Previous benefits in SAUL

Do you have benefits from previous SAUL membership that you wish to combine with your current period of service? (please tick):

Yes  No

Membership Number:  (if known)

Name of Employer:

### Declaration

I authorise SAUL Trustee Company to obtain such information, including a current transfer value, as necessary from my former scheme(s) or previous employers named above:

Signed:	Date:
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July 2011