

Transfer-In Authorisation Form

Personal Details	
Name:	
Date of Birth:	
NI Number:	
Address:	
Receiving Scheme Details	
Receiving Scheme Name:	Local Government Pension Scheme
Address of the Administrators of the receiving scheme	Pensions Department London Borough of Enfield Civic Centre, Silver Street, Enfield EN13XF
Email address:	zpensions@enfield.gov.uk
Transferring Scheme Details	
Transferring Scheme Name:	
Policy Number(s):	
Address of transferring Scheme:	
Email address:	
Members Declaration	
I am currently considering my Pension position, and I would be obliged if you could accept this letter as my authority to supply any information regarding my retained benefits to the London Borough of Enfield.	
Signature	Date



The Pensions Section
Exchequer Services
Enfield Council
PO Box 54
Civic Centre
Enfield
EN1 3XY

