Network Rail CARE Pension Scheme ("CARE Scheme")

Transfer of Benefits Form

THIS IS NOT A CARE APPLICATION FORM. PLEASE CONTACT NR PENSIONS IF YOU WANT TO JOIN THE CARE SCHEME: pensions@networkrail.co.uk

You should use this form to ask Capita for a quotation of the value that could be transferred into the CARE Scheme from your previous pension arrangement. Please use a separate form for each previous pension arrangement that you would like to consider transferring into the CARE Scheme. Please use BLOCK CAPITALS.

1. Your personal details

Mr/Mrs/Miss/Other:

National Insurance Number:

First name(s):

Date of birth: / /

Surname:

Home address:

2. Your previous pension arrangement details

My previous pension arrangement was:

☐ Network Rail Defined Contribution Pension Scheme (NRDC).

☐ Railway Pension Scheme (RPS) including BRASS.

☐ Other Arrangement (please provide details).

Name of pension provider:

Pension administrator (if applicable):

Address:

Dates of membership: From / / To / /

Membership reference number:

3. Your declaration and signature

I authorise Capita to ask my previous pension provider or their administrator to give Capita the information needed to work out my transfer value quotation.

I understand that a transfer will not be made until I give my further written consent.

Signed: **Date:**

Please return your completed form to:
Capita
Network Rail CARE Pension Scheme
2 Cutlers Gate
Sheffield
S4 7TL