

TRANSFER IN ENQUIRY FORM

Please indicate which scheme you have joined and your date of joining or re-joining

NHS Pensions Scheme Scotland

Teachers' Pension Scheme Scotland

Police Pension Scheme Scotland

Firefighters' Pension Scheme Scotland

Date of Joining / re-joining (dd/mm/yyyy)

SECTION 1 – Enquiry to transfer previously held pension benefits to one of the above named pensions schemes administered by SPPA - If you have more than 1 transfer please complete a separate form for each transfer.

Name of Previous Employer or
Pension Provider Name

Name of Previous Employer or Pension Provider Name
Scheme reference or policy number
Name and address of Pension Provider or scheme Administrators / Trustees

Dates of service / Scheme membership (dd/mm/yyyy)

From

To

Were these contributions refunded ?

Yes

No

Have you taken out a contract to purchase Added Years /
Additional Pension or AVC's with your previous scheme?

Yes

No

**SECTION 2 – Only answer this question if you have Previous Public Sector Pension Scheme
Membership history in the UK, that you do not wish to transfer and you have not informed us about
in section 1**

It is extremely important that you inform SPPA of **all** previous public sector pension service history held within the UK regardless of whether you wish to transfer or not. Depending on your previous public sector pension history you may be eligible to be treated as a Remedy 2015 member which can have an impact on the pension benefits held with SPPA. We may need to contact you at a later date to ask for further details and to verify the information you provide.

Name of PPSM scheme	Reference No.	Date Joined	Date Left	Country

SECTION 3 – Your personal details

Surname

Former surname (s) (if applicable)

Forenames (in full)

Title

Dr Mr Mrs Miss Ms

Other (please specify)

Date of birth (e.g.dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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National Insurance number

<input type="text"/>									
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Contact address

Post code

<input type="text"/>									
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Home telephone number (incl STD code)

<input type="text"/>									
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Mobile telephone number

<input type="text"/>									
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Personal email address (block capitals)

SECTION 4 – Declaration / 3rd Party Mandate

I confirm that all the information I have given on this form is true to the best of my knowledge.

I understand that if I have previous membership of another UK Public Sector Pension Scheme then SPPA may not be able to update my scheme membership or take into consideration the 2015 Remedy unless verification is provided..

I confirm that if I have provided a digital signature below then this is a true and accurate representation of my handwritten signature. I acknowledge and affirm that this digital signature carries the same legal effect and intent as my physical signature.

I authorise my former pension provider to supply SPPA with details of my previous pension rights including any transfer value and discharge forms and where necessary and to validate or verify any information they may require.

Signed

Date

Please return fully completed forms by post to SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE - alternatively send by email to sppatransfers@gov.scot as a PDF attachment