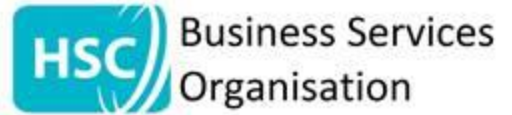




**Northern Ireland  
Fire & Rescue Service**



HSC Pension Service  
Waterside House  
75 Duke Street  
Londonderry  
BT47 6FP

Tel: 02871 319111  
Web: [www.hscpensions.hscni.net](http://www.hscpensions.hscni.net)  
Email: [NIFRSQueries@hscni.net](mailto:NIFRSQueries@hscni.net)

**LETTER OF AUTHORITY**

I \_\_\_\_\_ give my consent for the BSO HSC Pension Service on behalf of Northern Ireland Fire and Rescue Service to approach my previous provider \_\_\_\_\_ for the purpose of transferring my pension benefits.

**POLICY NUMBER:-** \_\_\_\_\_

**NAME:-** \_\_\_\_\_

**SERVICE NO:-** \_\_\_\_\_

**DATE OF BIRTH:-** \_\_\_\_\_

**NATIONAL INSURANCE NO:-** \_\_\_\_\_

**ADDRESS:-**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:-** \_\_\_\_\_

**SIGNATURE:-** \_\_\_\_\_

## PENSION BENEFIT TRANSFER REQUEST FORM

**PLEASE COMPLETE IN BLOCK CAPITALS**

NAME IN FULL:		
SERVICE NO:		DATE OF JOINING: <span style="border: 1px solid black; width: 150px; height: 20px;"></span>

CURRENT FIRE SERVICE SCHEME: (FPS, NFPS, CARE, ETC)	
--	--

PLEASE INDICATE WHETHER YOUR PREVIOUS SCHEME WAS:	
1. AN EMPLOYER'S SCHEME:	<input style="width: 50px; height: 20px;" type="checkbox"/>
or	
2. A PRIVATE SCHEME:	<input style="width: 50px; height: 20px;" type="checkbox"/>

PREVIOUS PENSION DETAILS	
EMPLOYER NAME AND ADDRESS (if an employer's scheme):	
PENSION SCHEME PROVIDER AND ADDRESS:	
PENSION REFERENCE NUMBER:	

I authorise the Northern Ireland Fire & Rescue Service to contact my previous pension provider in order to investigate possible transfer of my pension rights in relation to the policy/scheme detailed above.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_