



Transfer In Estimate Request Form

Request for an estimate of the pension benefits that a transfer value would buy in the Firefighters' Pension Scheme. Refer to Pension Transfers Information Leaflet for scheme rules and time limits.

Section 1 - Personal Details										
Surname		Contact Address								Title
Forename										Date of Birth
Email Address										National Insurance Number
		Post C	ode	!						
Section 2 - Previous Pension Scheme I	nforn	nation								
Pension Scheme Name		Pensio	n S	cheme	cor	ntac	tado	dre	SS	Pension Scheme email address
Policy Reference number:										Dates of service in previous scheme
										to
		Post C	ode	2						
Section 3 - Current Scheme Details										
Date started current employment		Service	e Nu	umber						
Section 4 - Declaration										
I have benefits in the pension scheme of of the pension benefits that a transfer have received my estimate, my applica Service within the time limits explained	value tion f	from to	hat trar	schen nsfer to	ne w	oul ahe	d bu	ıy n mu:	ne. st k	I understand that, after I be received by HSC Pension
I authorise HSC Pension Service to obtain my previous scheme or arrangement		y infor	mat	ion th	ey r	equi	ire c	ono	cer	ning my pension benefits
Signed		Date								

Once you have signed this form, please print and forward to || HSC Pension Service, Waterside House, 75 Duke Street, Londonderry, BT47 6FP

Alternatively, you may scan and forward your signed document to NIFRSQueries@hscni.net