

**BAE Systems Pension Scheme
Member's Transfer in Authority Form**

Surname: _____

Forenames: _____ Title: _____

National Insurance no: _____

Date of birth: _____

Clock number: _____ Marital status: _____

Address: _____

I give my permission for the Trustees of the BAE Systems Pension Scheme to obtain and exchange further relevant information from and with the administrators of the following pension schemes/arrangements.

Occupational pension schemes (including Additional Voluntary Contributions)

Name of previous scheme	Address	Reference and contact number

(Continue on a separate sheet, if necessary)

Retirement annuity policies (including personal pension policies, S32 buy-out policies and Free-Standing Additional Voluntary Contributions)

Name of scheme provider	Address	Policy and reference number

(Continue on a separate sheet, if necessary)

**Please return this form to the Pensions Service Centre, PO Box 1193, Crawley,
West Sussex, RH10 0FY**

Signed: Date: