

**Local Government Pension Scheme** IFTVOUT01  
**Transferring Membership between Local Government Pension Funds (LGPF) –**  
**Deferred Benefit Entitlement (England and Wales only)**

Please complete in BLOCK CAPITALS and then forward the form to your previous Local Government Pension Fund to provide the relevant membership details.

**Section 1 Personal Details**

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forenames: \_\_\_\_\_ Previous Surname(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ National Insurance Number: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Partnership Status: \_\_\_\_\_

\* Please provide a self-certified photocopy of your birth certificate/passport with this form.

**Section 2 New LGPF Details**

My new LGPS Fund is: \_\_\_\_\_

Administrator's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Date Joined \*\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\* If you wish to speed up the process, please provide verification of membership with new LGPF.

I wish to investigate the possibility of transferring my membership to my new LGPF.

**Section 3 Authorisation**

I authorise the administrators of Cambridgeshire Pension Fund to release information concerning my pension benefits to my new LGPF.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The information which is collected on this form will be held and processed in line with the Data Protection Act. The information will be shared between Cambridgeshire and Northamptonshire County Councils for the purposes of pensions administration.

This information can be made available in other languages and formats upon request such as Braille, large print and audio cassette. Please phone (01604) 366537 for further information.