



Declaration of Previous Pension Rights Form

PLEASE COMPLETE THIS FORM IN ALL CASES. You must complete this form whether you wish to transfer any previous pension rights into the Police Pension Scheme 2015 (2015 Scheme) or not. **You MUST declare any other Police Pension Scheme rights you may have in England or in Wales and / or any other Public Service Pension Scheme rights.** The 2015 Scheme may accept transfers of pension rights from schemes in both the Private and Public sector. However, ALL applications must be made within 12 months of joining the Scheme. If you wish to consider a transfer, please read these notes and return this form to Dyfed Powys Police within the 12 month limit.

Your Personal Details				Personal Email Address:								
Title: (Please ✓)	Mr		Miss		Mrs		Ms		Other		Date of Birth:	
Full Name:									NI Number:			
Home Address:												
Telephone No.:									Employee Number:			

Language Preference				(Please ✓ the appropriate box to indicate your election)			
As a member of the FPS, I wish to receive ALL future correspondence in:							
WELSH			ENGLISH			BILINGUAL	

Details of Previous Police Pension Scheme Membership				(Please use a separate sheet if required)			
Name & Address of Police Force (or Administering Authority)				Period of Membership (DD/MM/YYYY)			
1				FROM		TO	
2				FROM		TO	
3				FROM		TO	

Details of Previous Membership to a Public Service Pension Scheme(s)													
(Please use a separate sheet if required)													
Name & Address of Public Service Pension Provider				Period of Membership		Benefits Preserved? (✓)			Do you wish to consider a transfer? (✓)				
1						Yes		No		Yes		No	
2						Yes		No		Yes		No	
3						Yes		No		Yes		No	

Details of any other Previous Occupational Pension(s) / Personal Pension Arrangements													
(Please use a separate sheet if required)													
Name & Address of Pension Provider				Period of Membership		Employee Number(s) / Policy / Plan Number(s)			Do you wish to consider a transfer? (✓)				
1										Yes		No	
2										Yes		No	
3										Yes		No	

Your Declaration			
I declare that the details given on this form are correct and to the best of my knowledge:			
Signature:		Date:	
If you wish to consider a transfer of your previous pension rights, please attach, if possible, a copy of a recent Benefit Statement issued by your previous provider(s).			