



# 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 Fire Pension Scheme 2015 (FPS 2015) or not. **You MUST declare any other Fire Pension Scheme rights you may have and / or any other Public Service Pension Scheme rights.** The FPS 2015 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 of your pension rights, please read these notes and return this form to the Fire & Rescue Service within the 12 month limit.

Your Personal Details					Personal Email Address:							
Title: (Please ✓)	<input type="checkbox"/> Mr	<input type="checkbox"/>	<input type="checkbox"/> Miss	<input type="checkbox"/>	<input type="checkbox"/> Mrs	<input type="checkbox"/>	<input type="checkbox"/> Ms	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	Date of Birth:	
Full Name:										NI Number:		
Home Address:												
Employer:										Employee Number:		

Language Preference				(Please ✓ the appropriate box to indicate your election)			
As a member of the FPS, I wish to receive <b>ALL</b> future correspondence in:							
<b>WELSH</b>	<input type="checkbox"/>	<b>ENGLISH</b>	<input type="checkbox"/>	<b>BILINGUAL</b>	<input type="checkbox"/>		

Details of Previous Fire Pension Scheme Membership						(Please use a separate sheet if required)				
Name & Address of Fire & Rescue Service (or Administering Authority)						Period of Membership (DD/MM/YYYY)				
<b>1</b>						<b>FROM</b>		<b>TO</b>		
<b>2</b>						<b>FROM</b>		<b>TO</b>		
<b>3</b>						<b>FROM</b>		<b>TO</b>		

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		

Declaration			
I declare that the details given on this form are correct and to the best of my knowledge. <b>PLEASE NOTE</b> that if you do not indicate your language preference, ALL future correspondence will be sent to you a bilingual format.			
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).			