

# Transfer Information Request

Please complete this form to provide us with authority to contact relevant parties and obtain information about your transfer. If you have more than one transfer, please copy and complete this form for each transfer.

<b>Member name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/> <input type="text"/>
<b>Postcode</b>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/>
<b>National Insurance number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I request Dentons Pension Management Limited to investigate the value of the pension arrangements shown below with a view to transferring the proceeds to my SSAS.

<b>Transferring Scheme name</b>	<input type="text"/>	<b>Policy number</b>	<input type="text"/>
<b>Transferring Scheme address</b>	<input type="text"/> <input type="text"/>		
<b>Postcode</b>	<input type="text"/>		

I hereby authorise the insurance company and/or administrators concerned to provide Dentons Pension Management Limited with the details they request regarding the arrangement.

<b>Member signature</b>	<input type="text"/>	<b>Date</b> (DD/MM/YYYY)	<input type="text"/>
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