



Transfer Out Enquiry Form

Member Details

Please complete the following using black ink

Member name

Member number

National Insurance number

I want to investigate transferring my benefits to another approved pension arrangement and give the TfL Pension Fund my permission to provide all relevant information to the company below:

Name of scheme/arrangement

Person to contact

Reference or policy number

Address

Postcode

Signature

Date

Please return this form to:

**TfL Pension Fund, 4th Floor, Wing over Station,
55 Broadway, London, SW1H 0BD.**

