

Network Rail CARE Pension Scheme (“CARE Scheme”)

Transfer of Benefits Form

THIS IS NOT A CARE APPLICATION FORM. PLEASE CONTACT THE NR PENSIONS TEAM IF YOU WANT TO JOIN THE CARE SCHEME: pensions@networkrail.co.uk

You should use this form to ask Willis Towers Watson for a quotation of the value that could be transferred into the CARE Scheme from your previous pension arrangement. Please use a separate form for each previous pension arrangement that you would like to consider transferring into the CARE Scheme. Please use BLOCK CAPITALS.

1. Your personal details

Mr/Mrs/Miss/Other: _____ National Insurance Number: _____

First name(s): _____ Date of birth: / / _____

Surname: _____

Home address: _____

2. Your previous pension arrangement details

My previous pension arrangement was:

- Network Rail Defined Contribution Pension Scheme (NRDC).
- Railway Pension Scheme (RPS) including BRASS.
- Other Arrangement (please provide details).

Name of pension provider: _____

Pension administrator (if applicable): _____

Address: _____

Dates of membership: From / / To / /

Membership reference number: _____

3. Your declaration and signature

I authorise Willis Towers Watson to ask my previous pension provider or their administrator to give Willis Towers Watson the information needed to work out my transfer value quotation.

I understand that a transfer will not be made until I give my further written consent.

Signed: _____ **Date:** _____

Please return your completed form to:

Willis Towers Watson
 Network Rail CARE Pension Scheme
 PO Box 545
 Redhill, Surrey
 RH1 1YX
 or email to NetworkRailPensions@willistowerswatson.com

