

## ALLEN & OVERY PENSION SCHEME (Defined Contribution Section)

### Transfer In Enquiry Form

If you were a member of a pension scheme in any previous employment, or have any personal pension arrangements, it may be possible for you to transfer the cash value of your pension benefit into the Allen & Overy Pension Scheme.

Capita Employee Benefits will, if you wish, make enquiries on your behalf as to the benefits due and can provide information on the pros and cons of transferring (although any information given will not constitute Financial Advice).

In order that the appropriate enquiries may be made, please complete this form and return it to Capita Employee Benefits.

Capita Employee Benefits (Whitstable Office)

Radio House

Thanet Way

Whitstable

Kent

CT5 3QP

If you already have up-to-date transfer value information from your previous scheme please attach a copy of this to this form – it may help to speed up the transfer process.

Please note that the completion of a transfer in to the Scheme may be subject to the transferring scheme Trustees agreeing to sign an Indemnity Form relating to equalisation of pension benefits under their arrangement. If this affects your transfer enquiry Capita Employee Benefits will inform you in writing.

#### Please complete using BLOCK CAPITALS

Surname	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>		
National Insurance No.	<input type="text"/>	Employee ID	<input type="text"/>

Contact Details for Previous  
Pension Scheme  
Administrator

Scheme Name:	<input type="text"/>
Contact address:	<input type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>
Email / Tel. No:	<input type="text"/>

Reference Number for previous scheme (if known):

Contact details for  
Previous Employer (if the above  
scheme is your previous  
employer's scheme)

Employer Name:	<input type="text"/>
Employer address:	<input type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>
Email / Tel. No:	<input type="text"/>

# ALLEN & OVERY

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### To: Capita Employee Benefits:

Please investigate the possibility of a transfer of benefits to the Allen & Overy Pension Scheme on my behalf

### To: The trustees/administrators of my previous scheme named above:

Please accept this form as my formal authority to release any information about my benefits as requested by Capita Employee Benefits in connection with a possible transfer of benefits to the Allen & Overy Pension Scheme

Signed \_\_\_\_\_

Date \_\_\_\_\_

Home Address

Postcode:

The term "Allen & Overy" means Allen & Overy LLP and/or its affiliated undertakings