

# TRANSFER IN LETTER OF AUTHORITY

Please complete the Letter of Authority if you would like to transfer other pensions into the Scheme. Once we receive this form, we will contact your old pension provider and request the information we need to check if we can accept the transfer.

## YOUR DETAILS

<b>Name:</b>	<b>Date of birth:</b>
To help the Pensions Department keep their records up to date and contact you if needed, please supply an email address and/or telephone number that you wish to share for this purpose.	
<b>Email:</b>	<b>Phone number:</b>
<b>Current address</b>	<b>Previous address</b>

## DETAILS OF YOUR OLD PENSION PROVIDER

<b>Name of old pension provider:</b>
<b>Contact number (if known):</b>
<b>Your policy / account number:</b>
<b>Name of previous employer: (if pension is related to employment)</b>
<b>Full address of previous pension provider</b>

I hereby authorise the above named previous pension provider to release, to the Associated British Foods Group Pensions Department, any information they may request in connection with the possible transfer of my pension benefits. I can confirm that Associated British Foods Pension Scheme is the pension offered by my current employer. The Associated British Foods Group Pensions Department administers the Scheme and is not providing any advice to me in relation to the transfer.

**Signature:**

**Date:**

Once we have received your completed form, we will contact your previous provider to request the information that we need to access if we can accept the benefits. This can take some time, so please call Group Pensions on 0800 090 2267 if you would like an update on the progress.

**Please return this original form to: Freepost Group Pensions Department, Associated British Foods PLC, 50-51 Russell Square, London WC1B 4JU.**