



## 2. DETAILS OF YOUR OTHER PENSION BENEFITS

**Please note: If you wish to consider transferring benefits from more than two other pension arrangements, please complete another copy of this form.**

Pension Scheme name

Membership / policy number

Employer name  
and/or Pension Provider

Period of membership: From // To //

Pension Scheme name

Membership / policy number

Employer name  
and/or Pension Provider

Period of membership: From // To //

## 3. YOUR DECLARATION

**I wish to consider transferring my pension benefits from schemes detailed on this form to the BAA Pension Scheme and I give my consent for information to be given by my previous pension provider, in accordance with the Data Protection Act 1998.**

Your signature

Date

//

**When you have completed this Form please send it to:**

**BAA Pensions Team, Equiniti Paymaster, Sutherland House, Russell Way, Crawley, RH10 1UH**

You may wish to keep a copy of this form for your records.