

NHS Pensions - Comparison pack request form

Please complete this request form to let us know how you wish to proceed. This form must be returned to us within three months from the date we let you know about the options available to you.

If you **do not** want to transfer your deferred benefits, you do not need to take any action and your deferred benefits will remain in the 1995/2008 Scheme.

If you **do** want to receive a personalised comparison pack please complete and return this form to the address provided below.

First name

Surname

Membership number SD /

National Insurance number

Yes, I would like a personalised comparison pack so that I can decide whether I would like to transfer my deferred benefits.

Marital status

Single

Married Date of marriage / /

Spouse's gender Male Female

Formed civil partnership Date of civil partnership / /

Divorced / civil partnership dissolution Date of Decree Absolute / Civil partnership dissolved / /

Widowed / surviving partner Date of spouse / civil partner's death / /

Signed

Date / /

Once completed please send to:

NHS Pensions, PO Box 683, Unit 5, Newcastle Upon Tyne. NE5 9EE