## 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:	/ /	1				
Surname:									
Home address:									
2. Your previous pension arrangem My previous pension arrangement wa									
Network Rail Defined Contribution	n Pension Sc	heme (N	NRDC).						
Railway Pension Scheme (RPS) inc	cluding BRAS	SS.							
Other Arrangement (please provid	de details).								
Name of pension provider:									
Pension administrator (if applicab	ole):								
Address:									
Dates of membership:	From	/	1		То	1	/		
Membership reference number:									
3. Your declaration and signature									
I authorise Willis Towers Watson to as information needed to work out my tra				or their ad	ministrator	to give	Willis To	wers Watson the	
I understand that a transfer will not be	e made until	l I give r	ny further w	ritten cor	nsent.				
Signed:				Date:					
Please return your completed form t	o:								

Willis Towers Watson
Network Rail CARE Pension Scheme
PO Box 545
Redhill, Surrey
RH1 1YX
or email to NetworkRailPensions@wtwco.com
Network Rail CARE Transfer of benefits 02/21

