



# Sky Pension Plan

## Transfer In Authority Form

Personal details (in BLOCK CAPITALS)	
Full name	
Date of birth (DD/MM/YYYY)	
National Insurance Number	
Member address and postcode	
Previous scheme name	
Previous scheme reference / policy number	
Previous scheme administrator	
Previous scheme address and postcode	
Previous scheme telephone number	

### To whom it may concern

I would like to consider a transfer of my benefits from my previous scheme and authorise the trustees/administrator of the previous scheme named above to provide Gallagher with whatever information they require in connection with my retirement benefits under the above scheme. In connection with this request, I consent to the processing of my personal data and to its disclosure to any other person, as appropriate, for the purposes of administering my pension.

**N.B. This is an enquiry only – please do not send a transfer cheque.**

Signed	Date (DD/MM/YYYY)

**Please return this form to Gallagher (Bristol) at the address detailed below.**

email: spp@ajg.com

Gallagher (Bristol)  
PO Box 319  
Mitcheldean  
GL14 9BF

Tel: +44 (0) 330 678 1504