

Investigation of Transfer of Benefits into the Experian Retirement Savings Plan



Please complete the following in BLOCK CAPITALS, using blue or black ink.

Title: Mr/Mrs/Miss/Ms/Other* _____ Surname _____

Forename(s) _____

Home address _____

_____ Postcode _____

Date of birth

NI Number

Transferring scheme name _____

Contact name _____

Transferring scheme address _____

_____ Postcode _____

Transferring scheme employee number/policy number

Member's authority:

I wish to investigate a potential transfer of the benefits held in the arrangement detailed above to the Experian Retirement Savings Plan. I confirm that the details I have given are correct and acknowledge that, in accordance with the General Data Protection Regulation, my personal information will be processed by or on behalf of the Trustees for the purpose of investigating the transfer. I authorise you to release information about the above named arrangement, in connection with this investigation, to the Administrators of the Experian Retirement Savings Plan:

Capita Employee Benefits, Hartshead House, 2 Cutlers Gate, Sheffield S4 7TL

Signature _____

Date

*Delete whichever do not apply