



CABLE & WIRELESS

Transfer in enquiry form

Lifetime benefits plan

My details

Full name _____
 Date of birth _____
 Date joined company _____
 Location and site code _____
 Contact telephone number _____
 Employee number _____
 NI number _____

Please give details of your previous arrangements.....

Employer pension scheme

Full address and possible contact name of previous employer.

Name of previous scheme _____

Full address of previous scheme administrators (if different from above).

Any relevant details relating to the employment, i.e. old employee number, dates of employment.

Personal pension policy

Full name and address of the pension/insurance company.
 Policy number.

You're authorised to obtain details of my entitlement from my previous pension scheme(s) and to investigate the possibility of a transfer value being paid to the C&W Lifetime benefits plan. I understand that any transfer will only proceed once I've provided my written authorisation following confirmation of the available transfer value.

Signed _____

Date _____

Please return this form to:

Cable & Wireless Pension Trustee Limited, Buckingham Road, Bletchley, Milton Keynes MK3 5JL