

Transact Pension Transfer Out Warranty

Section A - Plan Details

Client Name Miss Lisa Kent.....
Plan Type SIPP.....
Membership Certificate Number
Transact Portfolio Number 007-294-544.....
Current Value Pension Rights £
(Not guaranteed) Section 9(2b) Rights £
TOTAL TRANSFER VALUE £

Valuation Date

None of the benefits from this transfer are subject to an 'earmarking' order.

Please Note

- *The actual transfer value will depend on the value of the assets held on the day that funds are disinvested and the amount of any outstanding charges in the current quarter.*
- *Please indicate if existing assets are to be transferred:*

In Specie

Cash

Partial

(Sell all assets and convert to cash prior to transfer)

If Partial transfer required, please provide % of benefits to be transferred. **Please Note**, partial transfers are only applicable to accrual or partial annuity transfers

90%

Section B - Receiving Scheme Declaration

Members Name

NI Number

Name of Scheme

Plan Number (if known)

We undertake that the receiving Scheme is:

- (a) **A UK Registered Scheme:** this is a scheme which is registered by HM Revenue & Customs under Part 4 of the Finance Act 2004, (including existing schemes that automatically acquire this new registered status on 6th April 2006). The HMRC Reference is:

SF/PSTR/.....

- (b) **A Qualifying Recognised Overseas Scheme:** for a recognised overseas scheme to become a 'Qualifying' scheme and retain qualifying status, the scheme manager must provide information and evidence that:

- The scheme satisfies all of the requirements as described below for a Recognised Overseas Scheme
- Undertake to notify HM Revenue & Customs if the scheme ceases to be a Recognised Overseas Scheme and supply them with information when making payments to certain scheme members.

We enclose a copy of the acceptance letter from HMRC Audit and Pension Scheme Services confirming the receiving scheme is a Qualifying Registered Pension Scheme. (Please tick this box to confirm the letter is enclosed).

Transact is unable to transfer benefits to any other type of scheme.

I declare that the receiving scheme is prepared to accept the transfer payment and that it will be used to provide appropriate retirement benefits within the receiving arrangement.

Scheme Particulars

Registered Pension Scheme Number

Payment Details

(Please note that where transfers are being made to other insured schemes, payment will only be made to the provider/insurer).

Name and address of pension provider or scheme to which transfer is to be made.

Pension Practitioner.Com	
48 Chorley, New Road, Bolton	
Postcode BL1 4AP	

Account Name

DC Pension Scheme

Bank Name and Address

Allied Irish Bank (AIB)
St James's House, Charlotte Street, Lancashire
Postcode M1 4DZ

Sort Code

2	3	-	8	3	-	9	6
---	---	---	---	---	---	---	---

Account Number

0	4	9	1	9	0	8	8
---	---	---	---	---	---	---	---

Payment Reference

DC/LKent

NB: If unable to accept payment via BACS, please contact Transact directly to advise.

Declaration

I/we* confirm that the information given in section B above is accurate to the best of my/our* knowledge and belief.

(*Delete where appropriate)

Signed for and on behalf of the receiving scheme

--

Date

	/		/	
--	---	--	---	--

Print Name

--

Position

	/		/	
--	---	--	---	--

Company Stamp

--