Aviva Platform

Pension Portfolio Discharge Form



Part A – to be completed	by the customer	
Account Number		
Full Name		
Current Address		
	Postcode	
To help speed up payment of your transfer we may need to contact you for more information. If you are happy for us to do this by telephone, please provide us with your telephone number. We may also ring you to get your views on our service.		
Phone No (evening)		
Phone No (daytime)		
Email Address		
Please cancel the above numbered account and transfer the benefits accrued to or in respect of me to the scheme detailed in PART B of this discharge form.		
DEFERRED/SUSPENDED FUNDS -	- this only relates to Cash Transfers	
If any funds that are invested in are either suspended or deferred from dealing or settlement, these will be exempt from this authority. Once these funds are removed from suspension or deferral, a new discharge request must be made if the transfer is still required.		
I authorise payment of the transfer value to the receiving scheme, details of which the receiving scheme administrator has completed in Part B.		
On payment of the transfer value to the receiving scheme, I agree that:		
• where the payment to the receiving scheme represents all of the funds under any policy in Part A, then Aviva is discharged from its obligation to make any further payments under that policy, and		
• where the payment to the receiving scheme represents only part of the funds under any policy in Part A, then Aviva is discharged from its obligation to make any further payments in respect of that part of the policy or policies represented by the payment.		
Any payment does not discharge Aviva for any act/error in dealing with the plan.		
Signature		
Date		

Note: Upon completion of Part A, please send this form to the administrator of the receiving scheme.

Part B – to be completed by	y the administrator of the receiving scheme
Name of Scheme	
Administrator	
Address	
	Postcode
Scheme contact email	
Scheme contact number	
SCHEME REGISTRATION	
Registered under Part IV of the Finance	e Act 2004.
HMRC Pension Scheme Tax Refere	nce (PSTR)
or	
 Inland Revenue SFO Reference Nu 	mber
Pension type:	Crystallised pot Uncrystallised pot
Which type of transfer is to take place?	Cash transfer In-specie transfer
Please indicate whether this is this a:	Full transfer Partial transfer
If partial, please provide value to be tra	ansferred £
Bank details for transfer pa	yment
Please complete details of the bank to NOTE: THIS CAN ONLY BE TO ANOTH	which we can send the payment by Direct Credit Transfer. HER PENSION PROVIDER
Sort Code	
Account Number	
Account Name of Receiving Scheme	
Reference	
Bank Name and Address	

Note to administrator of receiving scheme: Upon completion of Part B, please send this form to Aviva Client Services, PO Box 26957, Glasgow, G2 9DS or email it to platformmoniesout@aviva.com

| Retirement | **Investments** | Insurance | Health |

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Postcode

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