Friends

When the form is complete please return to:

17 January 2014 Policy holder Mark Edward Patrick Policy number 9921752

Customer Service – TMO(ABS)/ TRANSFER/PERSONAL PENSION Friends Life Friends Life Centre PO Box 1810 Bristol BS99 5SN

Transfer Form Part A

Personal Pension Transfers (TMO/ABS)

This form is to be completed when you decide that Friends Life are to pay the whole or part of the fund into another pension, the first part of the form is your authorisation to allow Friends Life to release funds to another provider.

If it is your immediate intention to use the fund to purchase a Lifetime Annuity (Open Market Option) with another provider please do not complete this form, call us and we will send the correct form.

If the intention is to transfer to an Overseas Pensions Scheme please do not complete this form and contact us so that we can send you the correct forms to complete.

This part of the form is to be completed by the policyholder

Is the intention to purchase a Lifetime Annuity after the payment of Tax Free Cash by Friends Life under this policy	Yes*	No*
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*If the answer to this question is yes please contact us immediately as this is not the correct form for this type of transaction.

Name of policyholder/scheme member	
Plan number(s)	
Name of registered pension scheme receiving the transfer	
Contact name	
Name and address of insurer	
Telephone number	
Fax number	



	All/ (if not all state the number of arrangements to be transferred) arrangements under the policy are to be transferred.		
	Please pay the transfer value direct to the trustees/scheme administrators of the receiving registered pension scheme. If, after transfer, no benefits remain under the policy(ies) listed please cancel them. If the receiving scheme is fully insured, please pay direct to the insurance company instead. If the receiving scheme is partly or not insured e.g. a Self Invested Personal Pension (SIPP), please pay to the scheme administrator or provider instead. If the receiving scheme is a Small Self Administered Scheme (SSAS), please make payment directly into the SSAS bank account.		
	The Friends Life policy documents are returned for cancellation, or, if the policy documents cannot be found I note that Friends Life may exceptionally pay a transfer without the policy documents being returned. In this case I hereby agree to indemnify any company in the Friends Life group for any claims, losses, costs, damages and demands arising in connection with this policy following Friends Life paying the benefits if I have not produced the policy document. I declare that the policy has not been assigned, mortgaged or dealt with in any way and that I am entitled to the policy proceeds.		
۵	I understand that HM Revenue & Customs require Friends Life to make the transfer payment direct to the other insurance company, scheme administrator or trustees of the receiving registered pension scheme as appropriate. It is not possible to surrender these benefits for cash.		
l ui	nderstand that:		
I may lose rights to take pension benefits prior to age 55 if there is currently an agreed lower retirement age with HM Revenue & Customs as result of my occupation. Please tick the box if you would like us to inform you if a MVR is to be applied to the With Profits fund at retirement			
	Please confirm any MVR that is to be applied before making the Transfer payment.		



Money Laundering Regulations

To comply with anti money laundering requirements, we may verify your identity by carrying out an online check with a reference agency. Friends Life offers this service as part of its commitment to treat its customers fairly and to make it easier for you to do business with us. The agency will add a note to your reference file to show that an identity check has been made. Friends Life will not share the results of any electronic verification checks carried out by its chosen reference agency with any third parties. If successful, a copy of the results will be held on our systems to evidence that your identity has been verified.

If you do not wish us to do this please notify us as we may ask you to provide separate proof of identity

Please sign and date below

Signed:	18-
Name	Mark Edward Patrick
Your Current Address	S, LONG ROW, CASTLE EATON, SWINDON, WILTSHILE SNG 6LB
Date:	21/8/14