

Mr Daniel Loughney Mount Pleasant Bolton Le Sands Carnforth LA5 8AD

## Page 1 of 2

Date of this letter

25 October 2019

Plan number

F46004/24676

Planholder

**Daniel Loughney** 

0345 602 9221

Open weekdays 8.30am-6.00pm

**345 600 0624** 

MGP.questions@dgaviva.com

Aviva Life & Pensions UK Limited PO Box 1550, Salisbury, SP1 2TW

myaviva.co.uk

# Transfer of pension benefits

Dear Mr Loughney

Thank you for telling us about your plans to transfer. Enclosed are details of the current transfer value.

## What you need to do now

Before transferring these benefits you should consider whether this is the right choice. Please read the following pages which set out some of the things that should be taken into account before transferring.

If you do not understand any terms referred to in the document, further information can be obtained by calling our Customer Contact Centre on the above number.

We are unable to give financial advice, but we are happy to help with any queries you may have. If you would like advice, please contact your financial adviser. If you do not currently have an adviser, you can find one in your area online via www.unbiased.co.uk.

#### What we need to transfer

In order to proceed with the transfer we will need you to:

- Complete and return the 'transfer discharge form'.
- Ask the new scheme to complete and return the 'receiving scheme transfer declaration form'.
- Provide us with a copy of the new scheme's HMRC registration letter. The pension scheme manager should be able to provide a copy.

We have also enclosed a schedule called 'Information for the receiving pension scheme'. We send these details in an attempt to avoid delays that can be caused by completing other companies' forms. You need to give these details to the company that you wish to transfer to.

If the new provider is registered on OPTIONS (Origo's internet based pension transfer system), the transfer may be able to be done without completing our paperwork. A representative of the new scheme will be able to confirm whether the transfer can be done this way.

Alternatively, we still may be able to transfer the benefits without filling in our transfer forms if the company that you are transferring to sends us their transfer application form. This needs to include both:

- A clear statement, signed by you to transfer the pension benefits from us to the new scheme. This must include all the policy numbers being transferred.
- Details of the scheme you are transferring to, which needs to cover all the information asked for on our form 'Receiving scheme's transfer statement'.

This pack is designed to help with the transfer to a UK registered pension scheme. If you would like to transfer to an overseas pension scheme, please call us so that we can send you the correct forms.

The enclosed document checklist will help to ensure the correct forms required are completed to avoid delays in payment. We will only be able to process this transfer once we have received the correctly completed documents.

The enclosed documents, titled 'Information for the receiving pension scheme' and 'Receiving scheme's transfer statement', are required by the receiving scheme. Please send the documents to them so they can complete and return the 'Receiving scheme's transfer statement' to us.

If you wish to buy a lifetime annuity from another pension provider under the open market option these forms are not suitable. Please contact us and we will send you the correct forms.

## What will happen next

The receiving scheme will ask you for all the information that they require for the transfer to proceed. The information that they need, and the time taken for them to process the transfer request, will vary between schemes.

When their requirements have been met the receiving scheme will contact us to start the transfer process. If we have everything that we need we will make payment directly to the receiving scheme, usually within 10 to 15 working days, and we will write to tell you that we have made the transfer payment. If anything is missing we'll ask the receiving scheme to send it to us.

If we do not hear from you or the receiving scheme we will assume that you do not want the transfer to go ahead.

I hope that this information is useful. If you need any more information or have further questions, please contact us and we will be happy to help. So that we can deal with your queries quickly and efficiently, please quote the reference shown at the top of this letter.

If you change your email or postal address, landline or mobile number, please let us know so that we can update our records to keep in contact with you.

Yours sincerely,

The Aviva Customer Team

## These documents are available in other formats.

If you would like a Braille, large print or audio version of this document, please contact us.



Investments

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Date of this letter 25 October 2019

Plan number F46004/24676

Planholder **Daniel Loughney**  0345 602 9221 Open weekdays 8.30am-6.00pm

# Transfer value illustration as at 24 October 2019

The current transfer value of your fund is:

Plan number	Fund value	AMC adjustment	Transfer value
F46004/24676	£32,767.70	£1.52	£32,766.18

The transfer amount is not guaranteed. You could receive more or less than the amount shown.

An annual management charge (AMC) adjustment applies to this plan, as shown above. This is the monthly AMC due up until the quotation date of 24 October 2019.



# Information for the receiving pension scheme

## Existing arrangement details

Planholder name	Mr Daniel Loughney
Plan number	F46004/24676
Date of birth	30 September 1967
Contact address	PO Box 1550 Salisbury SP1 2TW
Plan type	New Generation Personal Pension Plan
•	
The scheme is, or is deemed to be, a re	New Generation Personal Pension Plan egistered pension scheme in accordance with Part 4 of the Finance Ac 00787159RZ
The scheme is, or is deemed to be, a re 2004.	egistered pension scheme in accordance with Part 4 of the Finance Ac 00787159RZ
The scheme is, or is deemed to be, a re 2004.  PSTR number	egistered pension scheme in accordance with Part 4 of the Finance Ac 00787159RZ

The above figures are not guaranteed and will be recalculated before the payment is made.

## Information for receiving scheme continued

## Additional transfer details

Are any rights resulting from a pension share included?	No
Are drawdown pension funds included?	No
Has any tax-free lump sum been paid in connection with the rights being transferred?	No
Are any of the rights being transferred subject to a pension earmarking or attachment order?	No
Since April 2015, to Aviva's knowledge, have benefits been taken using HM Revenue & Customs flexible access rules triggering the money purchase annual allowance?	No
Will the transfer be part of a block transfer?	No
Can any of the rights being transferred be taken before minimum retirement age?	No
Does any lifetime allowance protection apply to the benefits being transferred?	No



## Aviva transfer document checklist

Please ensure all forms have been fully and accurately completed, and all of the documents listed below are sent to us or the receiving scheme as indicated.

Document title	Instructions	✓
Transfer discharge form	Fully complete the name and address of the pension provider receiving the transfer payment.	
	This must be fully completed and signed by the planholder.	
Receiving scheme's transfer statement	This must be fully completed and signed by an authorised representative of the <b>receiving pension scheme</b> .	
We will only be able to process this transfer once we have received the correctly completed documents.		
Please return your completed forms a	nd documents to:	
Aviva PO Box 1550 Salisbury SP1 2TW		



## Data Protection:

## How we use the information you provide

The personal data you have provided to us will be treated as confidential and held in our data systems to provide the product or service for which you have applied, and may also be used for the:

- prevention of crime, fraud and money laundering;
- purposes of identity verification via electronic reference agencies, who may keep a record of the data; and
- marketing of further products, which may be of interest to you, by the Aviva Group and its companies ('the Aviva Group') or carefully selected third parties by telephone, post or other electronic means in accordance with any preferences we have asked you to confirm.

Your personal data will only be disclosed to other members of the Aviva Group, its agents and their subcontractors, or selected third parties, where there is a lawful reason to do so.

Your personal data may be processed in countries outside the European Economic Area. This processing will be carried out by experienced and reputable organisations and only on terms which safeguard the security of your data and meet the requirements of the applicable data protection legislation.

Further information about how Aviva use personal information can be found in Aviva Privacy Policy, a copy of which is available at www.aviva.co.uk or on request by calling our customer contact centre.

Aviva would like to contact you to tell you about products, services and offers that may be of interest to you. We would like to do this by post, email and phone. You can change your preferences any time by contacting us at 0345 602 9221 (see the privacy policy for more information).

If you would prefer not to be contacted in connection with the marketing of further products and services, and have not already expressed this preference, please get in touch with us at:

Address: Aviva, PO Box 1550, Salisbury, SP1 2TW.

Phone: Call our UK-based Customer Contact Centre on 0345 602 9221 between 8.30am and 6.00pm, Monday to Friday. Call charges may vary, please speak to your network provider for details.

Email: Alternatively, you can go to the 'Contact us' section of our website at www.aviva.co.uk.

Finally, if the information we have about you is correct and up to date, we can provide a better service. You can help by letting us know if any details are incorrect and advising us of any changes in the future.



# Transfer discharge form

To be comp	leted by	the p	lanho	lder.
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	F46004/24676
anholder Mr Daniel Loughney	
	calculate the transfer value using the unit prices at the date ted, together with any supporting documents. The amount es shown above.
ny incomplete or missing information will delay eceiving scheme.	both the cancellation of units and the transfer payment to the
authorise you to transfer the above plan to:	
Please provide the full name and address of the ransfer payment.)	pension provider or pension scheme which is to receive the
lame of new scheme/pension provider	
Address	
Postcode	
Reference number	
Contact name	
Contact telephone number	
Contact e-mail address	
you would like to request a partial transfer plea	se provide details in the box below.

## Data Protection: How we use the information you provide

The personal data you have provided to us will be treated as confidential and held in our data systems to provide the product or service for which you have applied, and may also be used for the:

- · prevention of crime, fraud and money laundering; and
- purposes of identity verification via electronic reference agencies, who may keep a record of the data.

#### Aviva Life & Pensions UK Limited.

## Transfer discharge form continued

Your personal data will only be disclosed to other members of the Aviva Group, its agents and their subcontractors, or selected third parties, where there is a lawful reason to do so.

Your personal data may be processed in countries outside the European Economic Area. This processing will be carried out by experienced and reputable organisations and only on terms which safeguard the security of your data and meet the requirements of the applicable data protection legislation.

Further information about how we use personal information can be found in our Privacy Policy, a copy of which is available at www.aviva.co.uk or on request by calling our customer contact centre.

#### Planholder's declaration

Please read this declaration carefully before signing it. If you believe one or more of the statements are not true in relation to the proposed transfer, and as a result you cannot sign the declaration, the transfer cannot proceed.

In relation to the plan listed above, I hereby declare:

- I agree to, and request, the transfer of benefits as indicated above.
- I understand the transfer value is not guaranteed. It will be recalculated before the payment is made, and may be higher or lower than the amount shown above.
- I am the legal owner of the plan and I am legally entitled to instruct you to transfer the value. I have never been adjudged to be bankrupt and there are no court orders affecting my plan.
- I understand and agree that payment of the transfer value will be in full and final discharge of your liabilities in respect of the benefits under the plan number stated above.
- I understand that if I have any entitlement under the Aviva plan(s) to a protected tax-free lump sum and/or a protected pension age these may be lost upon transfer.

My date of birth is 30 September 1967.

• I declare that my date of birth shown and that the statements that I have made are correct and complete.

Planholder's signature	
Name	
Date	

Please provide a telephone number below which we can use to contact you between the hours of 8.30am and 6.00pm, Monday to Friday.

Preferred daytime contact number	
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Before signing, if you are unsure of any of the terms we have used, please call us using the contact details in our covering letter.

Please note, if the new agreement is cancelled with the scheme indicated above, we may not be able to accept the transferred money back in to your original contract.



# Receiving scheme's transfer statement

## Section 1 - Details of transferring scheme/planholder

Planholder name	Mr Daniel Loughney
Planholder date of birth	30 September 1967
Planholder NI number	NP223258B
Plan number(s)	F46004/24676
Section 2 - Details of receiving scheme	
This document should only be used for a transf	er to a UK registered pension scheme.
Full name of receiving scheme/provider	
Your policy number	
HMRC reference (PSTR or SF number)	
Scheme administrator's name	
Scheme administrator's address	
Postcode	
Name of contact (in case of enquiry)	
Telephone number	
Email address	
Type of scheme - the scheme is a: (please tick th  A) A pension scheme registered under Chapt  B) A statutory pension scheme (as defined in	<u></u>

If you have ticked option A please enclose a copy of the scheme's HMRC registration document.

Additional details				
Is the scheme:				
(i) a non-insured self-administered scheme or a self-invested pension plan?		?	Yes	No
(ii) an insured scheme?			Yes	No
(iii) a public service pension scheme as define	ed in s150(3) FA2004?		Yes	No
(iv) a buy-out (deferred annuity) contract?			Yes	No 🗌
If the scheme is an insured scheme, or a bu office insuring the scheme or contract.	y-out contract, we will usua	ally make paymer	nt only to th	e life
Section 3 – Payment details				
Please note that if your scheme is fully insured company, in accordance with HMRC requirem the receiving provider or administrator.				
Our preferred method of payment is BACS.				
(a) If you would prefer payment by BACS plea payment to be made.	se provide us with details of t	he account into w	hich you wo	uld like
Sort code				
Account number				
Account name				
Name of bank				
Reference number				
(b) If you would prefer payment by cheque, to	whom should the transfer ch	eque be made pay	/able?	
This is the scheme/contract's:	administrator	trustees	ins	surer
(c) Where should the cheque be sent (comple	te if different from above)?			
Name				
Address				
Postcode				

## Section 4 – Receiving scheme declaration

This section is to be completed by an authorised signatory of the receiving scheme

We hereby declare:

- we are willing to accept the transfer payment
- the transfer payment will be used to provide relevant benefits under a UK registered pension scheme, in line with Part 4 of the Finance Act 2004
- the information given in this questionnaire is complete and correct; and
- we consent to you referring this proposed transfer to HMRC and for HMRC to provide information to you relating to the registration of the receiving scheme.

Signed for and on behalf of the receiving scheme:

(Please note: if the new agreement is cancelled with the scheme indicated above, we may not be able to accept the transferred money back in to the original contract.)

Authorised signatory	
Name of signatory	
Contact phone number	
Position/title of signatory	
Date signed	