

Transfer agreement

Transfer of all or part of the cash equivalent or transfer value to another UK pension plan

Ceding Scheme	LifeSight - Santander Plan
Member reference number	0080230
Scheme reference number	LIF0003
PSTR number	00821609RL

Are you transferring to any of the following pension arrangements?

Yes

☐

No

☒

PensionBee

HL SIPP

Fidelity Retail Pension Scheme

If yes, and you want to transfer your pension benefits from the LifeSight - Santander Plan, you do not need to complete and return the following forms to us. Instead, you should contact your new pension provider to inform them you are transferring benefits in the LifeSight - Santander Plan, which are administered by Willis Towers Watson. Your new pension provider will then contact us directly in relation to transferring your pension benefits in the LifeSight - Santander Plan.

If no, please complete and return the following forms.

LifeSight - Santander Plan

Your transfer agreement

Part one – your confirmation

Name	Javaria Sarmad
Reference number	0080230

Please complete this form if you want to transfer the value of your pension benefits to another UK pension plan. You need to send this form to the plan to which you are transferring your benefits, for them to complete certain sections. You will need a different pack to transfer to a qualifying recognised overseas pension scheme, please email lifesightsupport@willistowerswatson.com or call us on 01737 227553 for one.

The Financial Conduct Authority, the Pensions Regulator and MoneyHelper provide information about transfers that might assist you in deciding whether to request this transfer from the Plan. Visit <https://www.moneyhelper.org.uk/en/pensions-and-retirement/building-your-retirement-pot/transferring-your-defined-contribution-pension?> for more information from MoneyHelper.

Transfer details

Name of transferring Plan	LifeSight - Santander Plan
Non-guaranteed DC transfer value	£117,684.28

Your transfer confirmation

I confirm that I have received full documentation regarding the receiving plan, including a statement from the receiving pension plan showing the benefits I will receive in return for my transfer value. Please pay to the receiving pension plan named in Part 4 of this form, all or part of my pension benefits from the LifeSight - Santander Plan as detailed below:

Description of benefit to be transferred: (please tick below)

The total value of all my benefits



Or this proportion of the value of my pension benefits

			.			%
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I understand and accept that:

- The transfer payment will be instead of the benefits due, or those that would have been due to me or for me, my spouse, civil partner, dependants or any other potential beneficiaries from the Plan;
- The benefits provided by the receiving pension plan may be in a different form and amount to those which would have been due from the Plan;
- Unless I have contracted-out benefits in the Plan and the receiving pension plan was contracted-out on a salary related basis before 6 April 2016, there is no statutory requirement on the receiving pension plan to provide for survivors' benefits out of the transfer payment;
- The transfer payment will be the value of my pension benefits at the date of payment and may be more or less than the amount shown in this statement;
- If I have Lifetime allowance protections, these could be lost on transfer and the Plan Trustee(s) are not responsible for any loss of protection;
- I understand that any A-day lump sum protection that I may have will be lost if I transfer my benefits out of LifeSight.
- I understand that if I elect to transfer a proportion of my LifeSight Account, I can only do so once in a 12 month period. If I have already transferred a proportion of my Account to another scheme in the last 12 months, my request to transfer will be denied.

I agree that on payment of the transfer to the receiving pension plan:

- Where the transfer is my whole Plan entitlement, I release and discharge the Plan Trustee(s) from all liability under the Plan to provide benefits to me or for me, my spouse, civil partner, dependants or any other potential beneficiaries;
- Where the transfer is part of my Plan entitlement, I release and discharge the Plan Trustee(s) from all liability under the Plan to provide those benefits to me or for me, my spouse, civil partner, dependants or any other potential beneficiaries which are included in the transfer;
- I will be liable to the Plan Trustee(s) to pay any costs, claims, demands or expenses which may become due as a result of the payment; and
- My decision to transfer is final and once the transfer is paid it cannot be reversed.

Money Purchase Annual Allowance: (please complete the boxes below)

I confirm that I have not previously taken flexible benefits* from my pension savings in this Plan or any other pension arrangement



Or

I have previously taken flexible benefits* from this Plan and/or my other pension arrangement/s as shown below:

Full name of Plan	Type of payment	Date of payment

**Flexible benefits include payments from flexi-access drawdown arrangements, flexible annuities and uncrystallised funds pension lump sums. You should have been advised by your administrator if you have received this type of payment.*


Your transfer agreement

Part two – your identity check

Name	Javaria Sarmad
Reference number	0080230

For security, before we transfer any money to another pension arrangement, we will check your name, address and other information given by you to us against an external database with a registered credit reference agency or fraud prevention agency, which may record the search. Your information is used in accordance with data protection laws.

This search is to check your identity and reduce the risk of fraud. It is not a credit check so will not affect your credit rating. As a second check, please send us a copy of the relevant page of your current passport with your photograph and passport number. If you do not have a current passport, a passport that expired within the last two years is acceptable. If you are unable to provide a current or expired passport, please confirm this to us in writing when you return your transfer documents and we will contact you if we require any further information from you.

Your identity check	
I acknowledge that WTW is required to carry out a security identification check to meet its legal obligations. <input checked="" type="checkbox"/>	
I enclose a copy of the relevant page of my current passport. <input checked="" type="checkbox"/>	
Signed	 Date 1 0 0 5 2 0 2 3
Print full name including middle names	J A V A R I A S A R M A D
If you are currently living abroad, please also send us the following documents	
Your original birth certificate	<input type="checkbox"/>
2 original utility bills from the past 3 months – if you do not have 2 utility bills we accept documents with your name and address (credit card bill, phone bill or HMRC tax note)	<input type="checkbox"/>
<i>We recommend you send your birth certificate via a special or tracked delivery service.</i>	
If you have moved in the last 3 years, please provide your most recent previous address	
Number or name	
Road	
Town	
County	
Post code	

[illegible]

Your transfer agreement

Part three – your declaration


Name	Javaria Sarmad
Reference number	0080230

Your transfer confirmation continued

By signing this agreement:

- I understand and agree to the conditions set out in 'Part one – your confirmation' of this form.
- I confirm my date of birth given below is correct.
- I have considered taking financial advice to help me decide whether to transfer from the Plan.
- I acknowledge:
 - that WTW is required to carry out a security identification check in accordance with its legal obligations.
 - that the Financial Conduct Authority has produced online 'Scamsmart' guidance and a leaflet, which I have read and understood.
 - that the Pensions Regulator and MoneyHelper issue information about transfers that might assist me in deciding whether to request this transfer from the Plan.
- I confirm that I have been advised of any charges that will be applied to my investments in the receiving plan and I am aware of any tax implications.
- I confirm that I have contacted MoneyHelper for impartial guidance if the receiving plan is an international SIPP.
- I agree to the payment of the transfer value as described above to the following pension plan:

JH&H Pension Trust SSAS
(please insert name of the receiving pension plan).

Signed		Date	1	0	0	5	2	0	2	3								
Date of birth			3	1	0	1	1	9	8	0								
Last four characters of National Insurance number			0	7	8	C												
Print name	J	A	V	A	R	I	A	S	A	R	M	A	D					
Your Contact Details																		
Email	J	a	v	a	r	i	a	.	s	a	r	m	a	d	@	h	o	t
	m	a	i	l	.	c	o	m										
Daytime phone number	0	7	4	2	9	5	0	2	7	6	7							

Please ask your receiving plan to fill in the details on part four, overleaf.

Please return this form to: LifeSight - Santander Plan, PO Box 758, Redhill, Surrey, RH1 9GT.

Your transfer agreement

Part four – receiving plan details

Name	Javaria Sarmad
Reference number	0080230

To be completed by your receiving plan.

Receiving plan details																								
Name of plan		J H & H Pension Trust S																						
SAS																								
Is the receiving pension plan part of a recognised club or group transfer (e.g. a member of the Public Sector Transfer Club)?															Yes <input type="checkbox"/>					No <input checked="" type="checkbox"/>				
Is the receiving plan a personal pension or stakeholder plan?															Yes <input type="checkbox"/>					No <input checked="" type="checkbox"/>				
If Yes, provide the FCA registration number																								
If Yes, have you delivered the stronger nudge in line with your statutory duties?															Yes <input type="checkbox"/>					No <input type="checkbox"/>				
If Yes, is it a Self-Invested Personal Pension (SIPP)?															Yes <input type="checkbox"/>					No <input checked="" type="checkbox"/>				
If Yes, is it an International SIPP?															Yes <input type="checkbox"/>					No <input checked="" type="checkbox"/>				
Is the receiving plan a Small Self-Administered Scheme (SSAS)?															Yes <input checked="" type="checkbox"/>					No <input type="checkbox"/>				
Please confirm that evidence of HMRC registration for the receiving plan from Current Scheme Details at www.hmrc.gov.uk (or a suitable alternative) is enclosed															Yes <input checked="" type="checkbox"/>									
Name of receiving plan administrator																								
FCA registration number of administrator (if applicable)																								
Please confirm the Companies House registration number of the scheme administrator / provider:																								
Please confirm the Companies House registration number of the employer (if applicable):																								
Receiving plan's bank															METRO BANK									
Name of the Account															J H & H PENSION									
Branch address and post code															TRUST SSAS									
Account number															48749615									
Sort Code															23 05 80									
Reference for payment															LIFE SIGHT									
Receiving plan guarantee																								

We confirm to the LifeSight - Santander Plan Trustee(s) that:

- The receiving pension plan is registered under Chapter 2 of Part 4 of the Finance Act 2004;
- The member will be a member of the receiving plan which will hold the money transferred in connection with that member;
- Where the receiving pension plan is an occupational pension scheme, the member will have transfer credits in the receiving pension plan and the Trustees of the receiving pension plan are willing and able to accept the transfer under the governing rules of the plan;
- Where the receiving pension plan is a personal pension or stakeholder plan the member will acquire rights in it and the plan is willing and able to accept the transfer under its governing documentation.

Signed for and on behalf of the receiving pension plan

Signed											Date										
Print Name																					
Position																					
Address																					

Please return this form to: LifeSight - Santander Plan, PO Box 758, Redhill, Surrey, RH1 9GT.