



**Friends Life and Pensions Limited**  
PO Box 1550, Milford, Salisbury SP1 2TW  
Telephone 0845 6029221 Facsimile 0845 6000624

**Private & Confidential**

Mr J Garvey  
Kingswood  
Turncroft Hall  
Darwen  
BB3 2BT

17<sup>th</sup> April, 2014

Our Ref: EXE/DIL1/LRG

Dear Mr Garvey

**Scheme number:** F46004/272  
**Scheme name:** Friends Life (No.6) Personal Pension Plan  
**Member name:** Mr John Garvey

I refer to the recent request regarding the transfer of the above benefits, and I have the pleasure in enclosing a transfer out illustration and discharge forms.

To enable the transfer to proceed please arrange for the enclosed discharge form to be completed and returned to me as soon as possible.

It is not our policy to complete other pension providers' forms, but to provide the information in our enclosed standard form.

The transfer value is not guaranteed. The actual transfer value will depend on the value of the units and the amount of any charges on the date we process the transfer. It may therefore be lower or higher than the amount quoted.

If you have any questions, please call the number at the top of this letter and we'll be pleased to help you.

Yours sincerely

*Louise Ruscoe*

Louise Ruscoe  
Client Services

Encs    Transfer Quote and Discharge Forms

## **Transfer out Illustration**

### **Personal Details**

Name of Member : Mr J Garvey  
Date of Birth : 03 04 1964  
National Insurance Number : NB677779A  
Selected Retirement Date : 03/04/2029  
Date Membership Commenced : 04/08/2009

### **Details of Transferring Plan**

Name of Plan : Friends Life (No.6) Personal Pension Plan  
Approval Basis : Full approval under Chapter 2 Part 4 of the Finance Act 2004  
HM Revenue & Customs Reference : 00787159RZ

### **Details of Current Transfer Value**

Fund value at date of calculation £2,514.28  
Current total transfer value £2,514.28

The transfer value does not include any previously transferred in amounts from a retirement benefit scheme of an employer. Please note that any Tax-Free Cash Sum entitlement over 25% will be lost if you decide to transfer out unless it forms part of a bulk transfer. We recommend that you seek financial advice in this circumstance

Signed for and on behalf of Friends Life Pensions Limited

*Louise Ruscoe*

Client Services  
17 April 2014

Please note the transfer value quoted is not guaranteed. The actual transfer value will depend on the value of the units and the amount of any charges on the date we process the transfer. It may therefore be lower or higher than the amount quoted.

## Transfer Out Authority Form

Member: Mr J Garvey  
National Insurance Number: NB677779A

Member's reference: F46004/272  
Date of Birth: 03 04 1964

This transfer out authority form should only be used in respect of a transfer to a UK registered pension scheme (this includes transfers to a deferred annuity contract i.e. a Section 32 Buy-Out Policy).

### Section 1. Details about the new scheme (to be completed by the receiving scheme of insurance company)

A) Full name of Receiving scheme \_\_\_\_\_

The above pension scheme has been registered by HM Revenue & Customs, or has acquired registered status by the virtue of being a deferred annuity contract, or an approved pension scheme on 5 April 2006, under chapter 2 Part 4 of the Finance Act 2004.

B) Is the receiving scheme fully insured?                      Yes              No

C) HMRC approval number of receiving scheme: SF \_\_\_\_\_

Or

HMRC Pension Scheme Tax Reference number: PSTR \_\_\_\_\_

(Approval numbers are not needed if transferring to a deferred annuity contract)

D) Is the receiving scheme contracted-out of S2P (formerly SERPS)      Yes              No

If the receiving scheme is a Contracted Out Money Purchase Scheme (COMP) or Contracted Out Salary Related (COSR) scheme please provide the ECON/SCON number:

ECON      E \_\_\_\_\_

SCON      S \_\_\_\_\_

If the receiving scheme is an Appropriate Personal Pension Plan (APP) please provide the ASCN number:

ASCN      A \_\_\_\_\_

E) Is the registered pensions permitted to receive this transfer value, and will it meet the Minimum acceptance requirements?                      Yes              No

F) How is the transfer value to be paid

☐ Electronic funds transfer (please complete section G)

☐ Cheque (please complete section H)

G) Bank account number: \_\_\_\_\_

Account name: \_\_\_\_\_

Sort Code: \_\_\_\_\_

H) Make the transfer value cheque payable to: \_\_\_\_\_  
(see note below)

Address to send cheque to .....  
.....  
.....  
.....  
.....

Reference/Contact name: .....

**Notes:** Where the registered pension Scheme is fully insured, Friends Life will only make payment to the receiving insurance company. If the scheme is not fully insured, payment will be made to the trustees.

## Receiving Scheme Declaration

We confirm that the details provided are correct and we are willing to accept the transfer

Signature ..... Date: .....

Print name .....

### Section 2. To be completed by the member.

**Declaration** (to be signed by the member in all cases)

I hereby instruct Friends Life to make the transfer payment detailed above and understand that continued membership of the scheme is not permitted once the transfer has been made. As such I accept that no further contributions can be made and I confirm that the information given is correct. I understand that once I have transferred out of my current scheme, my membership of that scheme finishes and I will lose all benefits in that scheme, including any death benefits and dependent's pensions.

Member Signature:  Date: 1/5/14

Name in CAPITALS: JOHN RONALD GARVEY

Mr J Garvey  
Kingswood  
Turncroft Hall  
Darwen  
BB3 2BT

Our Reference JP/ 04032230

Date 17 April 2014

Scheme Name: Openwork Group Transfer Plan  
Plan Number: 87279514

**Zurich Assurance Ltd**

Zurich Corporate Savings  
PO Box 135  
Cheltenham  
Gloucestershire  
GL52 8ZP  
United Kingdom

Telephone: 0800 030 4428  
Fax: 0870 243 4804

Website: [www.zurichcorporatepensions.co.uk](http://www.zurichcorporatepensions.co.uk)

E-mail:  
[supportcentredc@uk.zurich.com](mailto:supportcentredc@uk.zurich.com)

We may record or monitor calls  
to improve our service

Dear Mr Garvey

Thank you for your request for a Transfer Claim form on your plan.

Your current fund/transfer value is £22472.93. This shows the current unit holding and value of this plan as at today's date. This is for information only, in the event of a claim we will calculate the value of the plan in accordance with the plan provisions and HMRC restrictions.

We've enclosed a transfer out claim form. This form should only be used when you want to transfer your benefits to another pension scheme. You'll need to pass the transfer out claim form to the scheme you are intending to transfer to, which will need to be completed by both you and the receiving scheme. When we've received the completed form and we're satisfied the transfer can proceed, we'll recalculate the transfer value(s) at that time. This is in accordance with the plan's terms and conditions and HM Revenue & Customs' restrictions. The units will be sold the following working day and we'll pay the transfer value of the plan to your new pension provider.

Should you require scheme literature and charges information please visit the following website <http://www.zurich.co.uk/corporatepensions/regentgroup>.

If you have any questions please call us on 0800 030 4428. Our lines are open from 8am to 5.30pm, Monday to Friday – we'll be happy to help.

Yours sincerely

**Joanne Powell**  
Customer Services  
Zurich Corporate Savings

Enc: Transfer out claim form, Pension Liberation Booklet

Zurich Assurance Ltd, authorised by  
the Prudential Regulation Authority  
and regulated by the Financial  
Conduct Authority and the  
Prudential Regulation Authority.

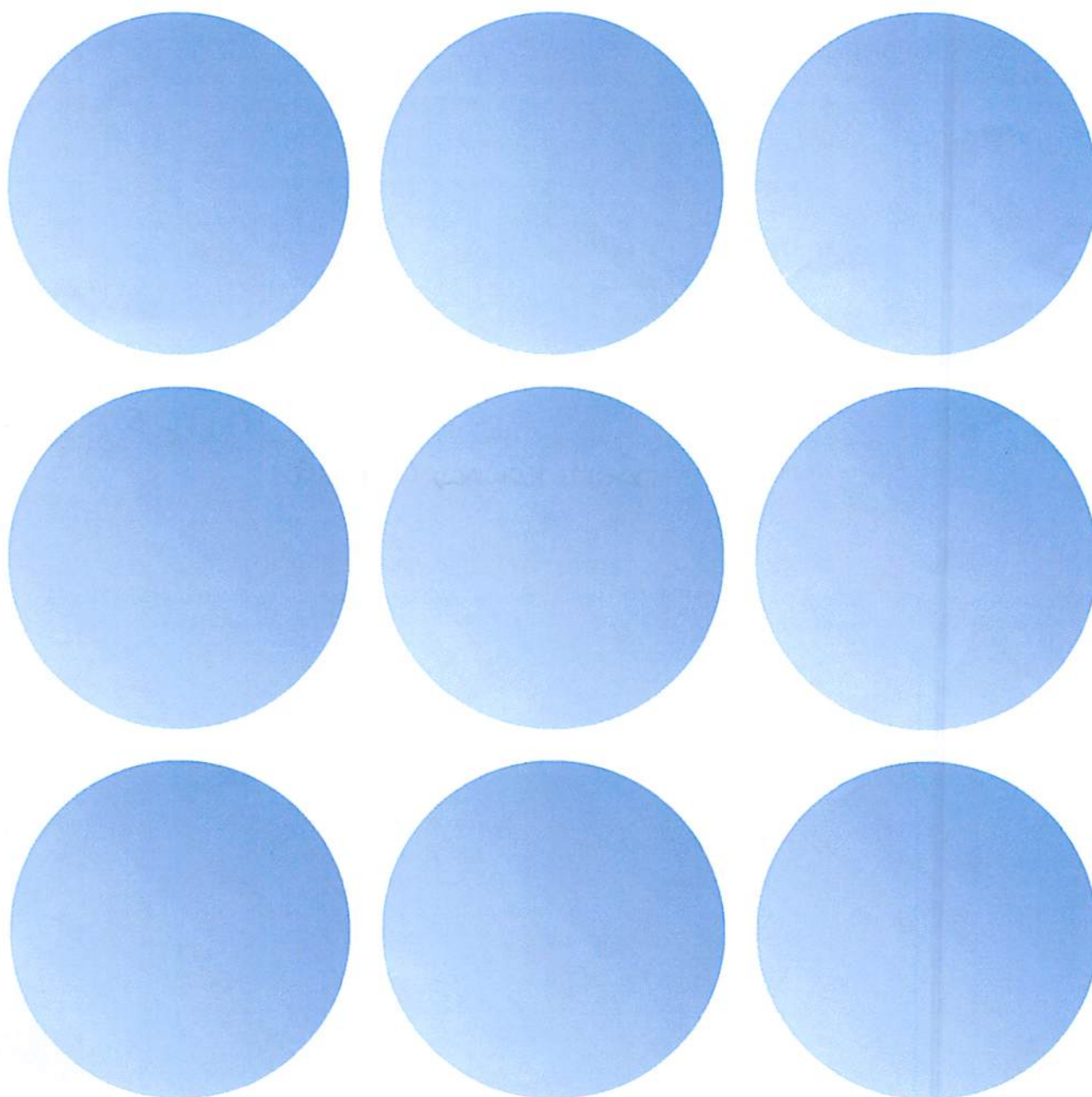
Registered in England and Wales  
under company number 02456671

Registered Office:  
The Grange, Bishops Cleeve  
Cheltenham, GL52 8XX

# Transfer Out

Claim Form

Group Personal Pension Plan  
Corporate Personal Pension Plan  
Group Stakeholder Plan  
Group Transfer Plan





## PART A – to be completed by the transferring member

### 1 Member details

Name

Plan name

Plan number

### 2 Details of the receiving scheme

Please note that, for the receiving scheme to accept the transfer, the planholder must be either a member of the receiving scheme, with the transfer being invested for the planholder, or the receiving scheme is the planholder's own policy.

Name of receiving scheme

Address

Postcode

Reference

Contact name

### 3 Declaration

I authorise Zurich Assurance Ltd to calculate the final transfer value and to pay the plan proceeds in accordance with the current terms and conditions\* and as detailed in this claim form and any other supporting documentation.

I am aware that by transferring, any protected tax free lump sum entitlement may be lost.

By signing this authority I accept that payment by Zurich is in full and final settlement of the claim and Zurich are under no further liability.

I confirm that I am not bankrupt, nor have I been a bankrupt at any time since the plan started.

To the best of my knowledge and belief all the details Zurich hold about me and the contents of this claim form are correct and complete.

Signature



Date

01 05 2014

Name in BLOCK CAPITALS

JOHN RONALD GARVEY

\* The current plan terms and conditions can be found at: <http://www.zurichcorporatepensions.info>  
Alternatively, a copy can be provided upon request.

**PART B – To be completed by the receiving scheme trustees or administrator**

**Receiving Scheme/Policy Declaration**

Transferring scheme details

Name of transferring scheme/arrangement

Policy/reference number

Member's name

National Insurance Number

Member's date of birth

D D M M Y Y Y Y

The transferring scheme is: a UK Registered Pension Scheme ☐ a non-UK scheme ☐

**Receiving scheme details**

Name of receiving scheme/provider

Our reference: to be used on all correspondence and payments

Please confirm either: Direct Credit (Preferred) or Cheque details

Direct Credit details, if appropriate, Sort Code

Account number

Account payee name

Cheque details, if appropriate

Cheque made payable to

Address

Postcode

Reference to be included: (i.e. policy no. or client name)

1. We undertake that the Receiving Scheme is: *please tick one only*

A. Registered Defined Benefit Occupational Pension Scheme ☐

B. Registered Defined Contribution Occupational Pension Scheme ☐

C. Individual Personal Pension Scheme ☐

2. Receiving scheme HMRC registration number



### Receiving scheme declaration

(a) We declare that the information given above and overleaf is correct and complete.

(b) We confirm that the transfer value will be applied to provide relevant pension benefits that are consistent with HM Revenue and Customs conditions of approval.

Signature

Company name

Position

Date

D D M M Y Y Y Y

When completed and signed, please send to:

Zurich Retirement Solutions Support Centre  
PO Box 135  
Cheltenham  
Gloucestershire  
GL52 8ZP  
UK