

Transfer out member statement

Scheme name	: AXA INSURANCE PLC PROVINCIAL SECTION	Date	: 3 February 2010
Member name	: MISS SJ NICHOLSON	NI number	: JA052341B
Our reference	: 5351370		

Transfer value information

Total current transfer value offered: £26,520.99

Transfer value breakdown

Value of guaranteed minimum pension (GMP): £2,118.58

(This amount must be used to provide pre-1997 protected rights on transfer to an appropriate personal pension or an occupational scheme contracted-out on a money purchase basis.)

Value of non-GMP arising from pensionable service up to 5 April 1997	£8,531.59
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Value of benefits arising from contracted-out service from 6 April 1997 (excluding any AVCs)	£15,870.82
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(This amount must be used to provide:

- benefits in the same form as those payable under the receiving scheme, if the transfer is to an occupational scheme contracted-out on a salary-related basis;
- post-1997 protected rights, if the transfer is to an appropriate personal pension or an occupational scheme contracted-out on a money-purchase basis;
- benefits which increase in payment at the rate of 5.00% per year or the rise in the retail prices index if less if transferred to an occupational scheme to provide defined benefits.)

Transfer value guarantee

The transfer value has been calculated using a method and basis determined by the trustees, after taking advice from the scheme actuary. It is guaranteed until 3 May 2010. If the member wishes to take the guaranteed amount, her written application to transfer must be received by Mercer Limited by that date.

The member's right to take the guaranteed amount will be lost (and the transfer will not be able to proceed) if Mercer Limited does not receive her written application to transfer, correctly completed and signed, by 3 May 2010. The member will not then be able to apply for a further guaranteed transfer value until 3 February 2011.

In exceptional circumstances, the transfer value could be reduced before the guarantee expires. The member will be notified if this occurs.

NOTE:

The trustees are not able to advise members who want to take a transfer from the scheme. The trustees recommend that you take financial advice to help you consider carefully the possible merits and risks associated with taking a transfer value, compared with retaining a deferred benefit entitlement from the scheme. Some of the aspects to consider:-

- Compare the benefits expected from the arrangement to which you are planning to take the transfer value, with your entitlement in the scheme. If the receiving arrangement is money-purchase (that is, the ultimate benefit depends entirely on investment returns on the underlying funds) the comparison will be difficult, since the benefits payable cannot normally be predicted with any certainty.
- From 6 April 2005 members of schemes like the AXA INSURANCE PLC PROVINCIAL SECTION may have greater security in some circumstances where the scheme's assets would otherwise not be able to provide the members' entitlements in full. This is because, in addition to requiring the sponsoring company to make additional contributions in certain circumstances, the Government has introduced a "Pension Protection Fund". This is a statutory fund run by the Board of the Pension Protection Fund, which will provide some compensation for members if the sponsoring company is not able to contribute more.

Members of the AXA INSURANCE PLC PROVINCIAL SECTION would be entitled to receive compensation from the Pension Protection Fund in the appropriate circumstances.

- Other organisations such as the Financial Services Authority, the Pensions Regulator and the Pensions Advisory Service also provide general information about transfers which may help you to decide whether or not to transfer your benefits. Please note, however, that these organisations cannot give you specific advice on whether or not to transfer your benefits – only a financial adviser can do that.
- Transfer values are calculated using a method and basis determined by the trustees, after taking advice from the scheme actuary, to be consistent with legislation and the rules of the scheme. The method and/or basis may therefore be revised from time to time, to reflect changes in legislative and financial conditions.
- If you have a right to:
 - a) take your retirement benefits before the normal minimum pension age for HM Revenue & Customs purposes (age 50 before 6 April 2010, age 55 from 6 April 2010); or
 - b) take a cash sum of more than 25% of the value of your benefits accrued before 6 April 2006; or

c) enhanced protection

this/these rights may be lost if you transfer your benefits from this scheme. If you are unsure whether you have a right to a) or b) above please contact the trustees at the address provided. If you have a right to enhanced protection, HMRC will have given you a certificate detailing this right and you should provide a copy of this to the trustees.

This statement is based on the information currently held by the administrator of the scheme and is produced for information only. It is not proof of entitlement and confers no right to benefits. All benefits must be calculated and paid only in accordance with the trust deed and rules of the scheme and the law, and are therefore subject to review before payment.

Member details

Date of birth	: 9 February 1974
Age admitted	: No
National Insurance number	: JA052341B
Date of joining company	: 23 March 1992
Date of joining scheme	: 1 March 1995
Date left scheme	: 10 July 2000
Date left company	: 10 July 2000
Normal pension age	: 60
Marital/Registered Civil Partnership status recorded	: Single
Sex	: Female

Pension scheme details

The scheme is a registered pension scheme under section 153 of the Finance Act 2004

HMRC ref:	7/486	SCON: S0700486A
Original contracting-out start date:	1 March 1995	ECON: E3004227R
Member's total contributions:	£2,405.06	
Equivalent pension benefit:	£0.00	
Qualifying service:	5 years 4 months	
Pensionable service:	5 years 4 months	

GMP per week at 10 July 2000

Current scheme:	£2.21 total	(Post 6 April 1988)
Revaluation type	Fixed 6.25%	

Alternative preserved benefits

Scale entitlement at date of leaving

Basic pension preserved in the scheme
at date of leaving

£1,761.00 a year

Widower's pension on
death before retirement

£1,174.00 a year

The member's basic pension at the date of leaving consists of the following amounts:

Period of service	GMP	Non-GMP
01/03/1995 to 05/04/1997	£114.92	£574.36
06/04/1997 to 10/07/2000		£1,071.72

Benefits payable from normal pension age, ie 60 - revaluation to be applied

The basic pension shown above will be increased over the period from the member's date of leaving to 60.

- The benefits, inclusive of the GMP, will increase at 5.00% per year compound over the period (measured in complete years and months) between the member's date of leaving and age 60
- Note that the minimum age at which you can take your benefits will increase to 55 with effect from 6 April 2010, or any earlier date chosen by the trustees. This change is required to comply with changes in the law.

Widower's pension on death before retirement

- If the member dies before retirement, the pension payable to her widower will be increased between the member's date of leaving and the date of death at the same rate as the member's own pension.

Widower's Pension on death after retirement

If the member dies after retirement, a pension as described in the scheme booklet will be paid to her widower.

Pension increases

The member's guaranteed minimum pension increases at 3.00% per year in payment, or by the rise in the retail prices index if less.

The pension based on service completed before 6 April 1997, in excess of the GMP, increases at 5.00% per year, or by the rise in the retail prices index if less.

The pension based on service completed from 6 April 1997 increases at 5.00% per year, or by the rise in the retail prices index if less.

Application to proceed with transfer of benefits

To: The trustees of

Scheme name : AXA INSURANCE PLC PROVINCIAL SECTION

Name : SJ NICHOLSON

NI number : JA052341B

1. I wish to transfer the value of all my benefits to _____ (the receiving arrangement) as an alternative to leaving those benefits, including any statutory right I may have to a guaranteed cash equivalent in the pension scheme.
2. Please apply the transfer value of my benefits in the pension scheme to secure benefits in respect of me in the receiving arrangement. I acknowledge that on receipt of this form duly signed and dated the trustees will be discharged from all liability to provide any benefits for or in respect of my membership of the pension scheme.
3. I understand that the benefits eventually payable from the receiving arrangement may be more or less than the benefits that would have been payable in respect of me in the pension scheme.
4. I acknowledge that the trustees will not be responsible for the amount or type of benefits to be provided by the receiving arrangement in return for the above transfer value.

Signed: _____ Date _____

Full name: _____

[IN BLOCK CAPITALS PLEASE]

Note

The transfer value in respect of your benefits in the pension scheme is calculated using methods and bases determined by the trustees, after taking advice from the scheme actuary. It is guaranteed for three months from 3 February 2010. The right to this guaranteed amount is lost once three months has expired. It will not then be possible to apply for another guaranteed transfer value until 3 February 2011.

Personal Pension Scheme Transfer Declaration Form

Transferring Scheme Details:

Scheme name: AXA INSURANCE PLC PROVINCIAL SECTION

Member's name: MISS SJ NICHOLSON

National Insurance number: JA052341B

Total Transfer payment to be paid to the Personal Pension Scheme: £

Amount included in Transfer payment to secure post 5/4/97 Protected Rights: £

Amount included in Transfer payment to secure pre 6/4/97 Protected Rights: £

Personal Pension Scheme Details:

Full name of Personal Pension Scheme Provider:

Name of Personal Pension Scheme:.....
(Hereinafter called "the Personal Pension Scheme".)

Address of Personal Pension Scheme:

.....

.....

.....

Pension Scheme Tax Reference:..... ASCON No*:.....

If the Personal Pension Scheme is contracted-out, a copy of the appropriate scheme certificate must be attached.

Payee in respect of Transfer payment:.....

.....

(If the Personal Pension Scheme is underwritten by a Life Office the payment must be made to the Life Office.)

Declaration By Personal Pension Scheme:

TICK BOX

We hereby certify that:

1) The Personal Pension Scheme is a registered pension scheme under section 153 of the Finance Act 2004

☐

2) The Personal Pension Scheme is underwritten by a Life Office

☐

3) The Personal Pension Scheme is partly non-insured or no Life Office is involved.

☐

The Personal Pension Scheme is an appropriate personal pension scheme for the purposes of paragraph (5) of section 9 of the Pension Schemes Act 1993. It is not being used solely for the purpose of receiving minimum contributions from the National Insurance Contributions Office under section 43 of the Pension Schemes Act 1993.

☐

The Personal Pension Scheme is able and willing to accept the Transfer payment and will use it to provide money purchase benefits (including, where appropriate, Protected Rights for and in respect of the member.

☐

The transfer payment is/is not* the only payment to this scheme.

Signed:

Date:

Full name of Authorised Signatory:

Position of Authorised Signatory:

Personal Pension Provider's official Stamp:

* delete as appropriate

Occupational Pension Scheme Transfer Declaration Form

To: : The trustees of AXA INSURANCE PLC PROVINCIAL SECTION
(hereinafter called "the Transferring Scheme").
In respect of : MISS SJ NICHOLSON NI number : JA052341B

In consideration of the transfer of the sum of £

in respect of the above named, the trustees of
(herein after called "the Receiving Scheme") hereby confirms and undertakes as follows:

The Receiving Scheme is a registered pension scheme under section 153 of the Finance Act 2004. *

The Receiving Scheme is an insured scheme. *

The above named has been admitted to membership of the Receiving Scheme and in respect of the transfer payment will be entitled to such benefits as shall be agreed between the member and the trustees of the Receiving Scheme.

The Pension Scheme Tax Reference of the Receiving Scheme is:

The name of the principal employer and company registration number is:

To be completed if any contracted-out benefits are being transferred:

The member is/is not* in contracted-out employment under the Receiving Scheme.

Receiving Scheme ECON:

Receiving Scheme SCON:

A copy of the contracting-out certificate must be attached.

If the Receiving Scheme will provide contracted-out salary related benefits for the member:

I/We* undertake that any transfer benefits provided in respect of any part of the transfer payment that represents section 9(2B) rights will be in the same form as those provided for our scheme's own contracted-out members in respect of post 5 April 1997 service.*

I/We* undertake that the post 5 April 1997 Protected Rights element of the transfer payment will be used to provide transfer benefits in the same form as those provided for our scheme's own contracted-out members in respect of post 5 April 1997 service.*

I/We* undertake to treat £ per annum as "Guaranteed Minimum Pension" for the purposes of the Pension Schemes Act 1993.

If the Receiving Scheme will provide contracted-out money-purchase benefits for the member:

I/We* undertake that the pre 6 April 1997 Protected Rights element of the transfer payment will be used to provide pre 6 April 1997 Protected Rights for the above named.*

I/We* undertake that the post 5 April 1997 Protected Rights element of the transfer payment will be used to provide post 5 April 1997 Protected Rights for the above named.*

We hereby certify that:

1. We are a person who has permission under Part 4 of the Financial Services and Markets Act 2000 to effect or carry out contracts of long-term insurance, or

We are an EEA firm of the kind mentioned in paragraph 5(d) of Schedule 3 to that Act, which has permission under paragraph 15 of that Schedule (as a result of qualifying for authorisation under paragraph 12 of that Schedule) to effect or carry out contracts of long-term insurance.

2. The policy under which the Transfer payment is to be applied is a registered pension scheme under Section 153 of the Finance Act 2004 or a qualifying recognised overseas pension scheme with the meaning of Section 169 (2) of that Act.
3. The policy under which the Transfer payment is to be applied satisfies the prescribed requirements of the Occupational Pension Schemes (Discharge of Liability) Regulations 1997.
4. We are willing to accept the above person's Transfer payment.

Our proposal form (completed with the information which you have provided) is attached for your signature.

Authorised Signatory(s): _____ Date: _____

Full name of Authorised Signatory(s): _____

Position of Authorised Signatory(s): _____

Full name of receiving Insurance Company: _____

Insurance Company's Official Stamp:

Section 32 Buyout Policy Transfer Declaration Form

Transfer from: : AXA INSURANCE PLC PROVINCIAL SECTION
In respect of : SJ NICHOLSON NI number : JA052341B

We hereby certify that:

1. We are a person who has permission under Part 4 of the Financial Services and Markets Act 2000 to effect or carry out contracts of long-term insurance, or

We are an EEA firm of the kind mentioned in paragraph 5(d) of Schedule 3 to that Act, which has permission under paragraph 15 of that Schedule (as a result of qualifying for authorisation under paragraph 12 of that Schedule) to effect or carry out contracts of long-term insurance.

2. The policy under which the Transfer payment is to be applied is a registered pension scheme under Section 153 of the Finance Act 2004 or a qualifying recognised overseas pension scheme with the meaning of Section 169 (2) of that Act.
3. The policy under which the Transfer payment is to be applied satisfies the prescribed requirements of the Occupational Pension Schemes (Discharge of Liability) Regulations 1997.
4. We are willing to accept the above person's Transfer payment.

Our proposal form (completed with the information which you have provided) is attached for your signature.

Authorised Signatory(s): _____ Date: _____

Full name of Authorised Signatory(s): _____

Position of Authorised Signatory(s): _____

Full name of receiving Insurance Company: _____

Insurance Company's Official Stamp:

Transfer checklist

Transfer from : AXA INSURANCE PLC PROVINCIAL SECTION
In respect of : MISS SJ NICHOLSON NI number : JA052341B
Transferring to :

I confirm the following documents are attached:

Declaration Form(s) signed by (Trustees/Insurance Company). ☐

Application to proceed with transfer of benefits Form signed by the member. ☐

Member's original Birth Certificate (and Marriage Certificate if applicable). ☐

Evidence of registration by HMRC. ☐

A copy of the Contracting-out Certificate (if applicable) including the relevant ECON, SCON or ACON numbers. ☐

Advice Disclaimer ☐

Receiving scheme policy / reference number

Receiving scheme payment details completed below. ☐

(To be completed by advisor/trustees/provider)

Payee:

.....

Bank: Branch:

.....

Sort Code: Account Number:

.....

Reference:

.....

Failure to provide the information requested will result in delays in the transfer.



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Tower Place, London EC3R 5BU

Consulting. Outsourcing. Investments.

Transfer Value Acceptance Form - to transfer funds away from Clerical Medical

Important notes - Please ensure the following information has been read before completing this form.

If you require any valuations please contact our Customer Services helpline on 0845 6036770, quoting the policy number and they will be happy to help.

We highly recommend that you contact an independent financial adviser (IFA) before deciding on transferring your policy. If you do not have one, you can obtain details of financial advisers in your area by visiting the website: www.unbiased.co.uk

Protecting your identity and investment

We are required under Know Your Customer regulations to have an up to date address on our systems before making the transfer payment to your chosen provider.

- Where the address provided differs from that on our records we will require two certified copy documents as evidence before any transfer can proceed. For details of acceptable documents please see appendix 1
- As an alternative we can accept the change of address confirmation from the servicing financial adviser who is entitled to commission on the policy being transferred or from your chosen receiving scheme

What we need from you to make the transfer

- The attached declaration signed, dated and completed with confirmation of where you wish your pension policy to be transferred
- Your current address – please ensure you refer to the Protecting your identity and investment section above

What we need from your chosen pension provider

- Confirmation that they are able to accept the proposed transfer, inclusive of protected rights benefits where applicable
- Confirmation that the money will be applied to a registered pension scheme along with the Pension Scheme Tax Reference (PSTR) number, or for overseas transfers the QROPS
- Confirmation of their bank details and where to send supporting correspondence
- Where protected rights are being transferred we will require the information contained on the Contracting-Out Administration form so that we are able to notify HMRC of the transfer of protected rights benefits to your chosen provider
- Signed and dated authority to declare all information provided to Clerical Medical is true and complete to the best of their knowledge and belief and that they understand payments will not be made to a broker or a third party and the payment will be applied to the registered scheme for which the details have been provided

This information page does not need to be returned with the form

To be completed by the transferring member

Name of transferring member	
Name of scheme from which transfer value has been offered	
Number of policy from which transfer value has been offered	

I declare that

- 1 My current address is:

- 2 To the best of my knowledge and belief all the statements made in connection with this election are true and complete.

- 3 I authorise and instruct Clerical Medical to surrender my arrangements under the transferring scheme and to pay the sums so derived as a transfer payment in accordance with the foregoing statements.

Signed
Date

To be completed by the managers/insurers of the receiving arrangement

1. The scheme/arrangement is a pension scheme registered under Chapter 2 of Part 4 of the Finance Act 2004 (as amended, replaced or re-enacted) and is able to accept a transfer value from a pension scheme registered under Chapter 2 of Part 4 of the Finance Act 2004 (as amended, replaced or re-enacted) ☐
2. The section 32 buy-out policy meets the requirements of section 95(2)(c) of the Pension Schemes Act 1993 ☐

Provider name and address for correspondence:	
If the scheme is wholly insured, please provide the name of the Life Office:	
Pension Scheme Tax Reference (PSTR):	

To make payment by BACS, please confirm the following:

Sort Code:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					-	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					-	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
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Account Name:																	
BACS Reference:																	
Cheque Payee: (If appropriate)																	

Max 18 characters

Cheques will be sent to the address above unless otherwise instructed.

Declaration

We declare that the information provided is true and complete to the best of our knowledge and belief.
 We accept liability for the member's Protected Rights Benefits, where appropriate
 We acknowledge that the transfer payment cannot be made to a broker or a third party and the payment details above relate to a registered pension scheme.

Signed	Date
--------	------

On behalf of the Managers/Insurers of the receiving arrangement.

Where the scheme is accepting protected rights as part of the transfer, please complete:

A contracted out money purchase scheme	
A personal pension scheme which is being used to contract-out	
A personal pension scheme which is not being used to contract out	
A contracted-out salary related scheme	
A contracted out salary related scheme where the member is not entering contracted out employment under the receiving scheme	

Contracting out numbers: **ASCON/SCON/ECON**

If transferring to a COSR
 please confirm rate of revaluation: **Section 21** ☐ **Fixed Rate** ☐ **Limited Rate** ☐

Appendix 1 – This information page does not need to be returned with the form

In accordance with our Anti-Fraud measures we are obliged to ask for evidence of your identity. This requirement forms part of our fraud prevention measures, which aims to help us prevent fraudulent activity and, most importantly, protect you.

- You need to send to us **two** copy documents (see below for details).
- The documents must be **certified** as a true copy by an independent party who has authenticated the documentation you are using for Anti Money Laundering purposes (see below for information on who can certify copy documents).
- The document must be clear and legible.
- The document must include your name and current address.
- The document must be dated within the last 6 months, with the exception of an annual document which must be dated within the last 12 months.

Details of acceptable documents

Acceptable Documents	Details of requirements
Driving Licence	• Must be a current full valid Driving licence card • Counterpart must be included (Paper document) The above counts as one piece of evidence
Council tax correspondence	This could be a current demand, letter or statement.
HM Revenue and Customs correspondence	Recent Correspondence.
Utility Bill	The most recent version of the following documents: • Gas/Electricity/Water/Telephone
Bank statements or credit/debit card statement	The most recent statement from a regulated financial services firm in the UK for example bank or account statement.

Unacceptable Documents
Passport
Mobile Phone Bills
Television Licence
General mailings from your bank/building society
Online banking statements
Store card statements
Documentation from your insurance provider

Having your documents certified by an appropriate person

The following is a list of appropriate persons who may certify documents. All documents must be certified as a true copy. You are not permitted to certify your own documents and please do not send originals.

- UK Lawyer/Solicitor
- Financial Services Authority (FSA) regulated Independent Financial Advisor (IFA)
- A Certified or Chartered Accountant who is a member of an accounting body recognised in the UK
- Regulated or professional person covered by the Money Laundering regulations for example your own Bank or Building Society may be willing to certify documents on your behalf

It is important that the full name, date, signature, position and full contact details including the address of the person providing the certification is supplied and that the certification states 'certified as a true copy of the original'. Where the document contains a photograph the person providing certification must also state 'the photograph bears a true likeness to the individual'.

Mr D J Nicklin
Flat 12 Alnwick House
30 Dudley Road
Manchester
Lancashire
M16 8DT

Our helpline is
0845 6029199
Lines are open weekdays 8.30am to 6pm
Please quote reference 11311145
Calls may be recorded for training and audit purposes

Why not visit us at
www.friendsprovident.com/customer

3 August 2010

Our ref : Transfer Pack

Dear Mr Nicklin

Member Name : David Nicklin

Transferring your pension fund

Thank you for telling us about your plans to transfer. I enclose a transfer pack.

Within this pack you will find:

- **Your current transfer value**
This is the value of your policy(ies) after any deductions have been made and bonuses have been added. The transfer value is not guaranteed. You could receive more or less than the amount shown.
- **Transfer payment form.**
You will need to complete form A to transfer to a UK registered pension scheme. Form B needs to be completed by the receiving scheme or insurance company. This gives us all the information about the scheme that we will need.

We may be able to transfer your benefits without needing our forms completed if the company you are transferring to sends us their transfer application form. This needs to include both:
 - * A clear statement, signed by you, to transfer your pension benefits from Friends Provident. This must include all the policy number(s) you want to transfer.
 - * Details of the scheme you are transferring to, which needs to cover all the information asked for on our form 'Statement by company receiving pension transfer' (form B).
- **Details of your pension scheme**
It is now our practice to send these details to you, in an attempt to avoid delays that can be caused by completing other companies forms. You need to give these details to the company you wish to transfer to.

What do you need to do now?

The payment forms mentioned are enclosed within this pack. You only need to complete and return form A.

You need to ask the scheme you are transferring to, to complete and return form B, or alternatively to provide us with the two statements mentioned above, or a copy of their application form.

Transfer Pack

This pack contains information about these pension(s):

Personal pension policy number(s) : 11311145

Please only use the forms provided within this pack.

Transfer Value

Personal pension policy

Policyholder : David Nicklin
Policy numbers : 11311145

How much is your fund worth?

The current transfer value of your fund is : £17516.31

The current value of your fund is : £17516.31

Please remember that the transfer value is not guaranteed, but can vary with changes in the daily unit prices and final bonus/Market Value Reduction (MVR) rates where there are with profit investments. You could receive more or less than the amount shown, depending on how your investments grow up to the date we receive all our requirements for payment.

We recommend you speak to your financial adviser before making your decision.

Frequently asked questions

When will the transfer be made?

Your funds will be transferred as soon as we have received all our requirements, unless a later date has been specifically requested. If any requirements are received after a specified transfer date, your fund will be valued on the date the last item is received.

Why is my transfer value different from my current value?

The current fund value is the value of the units allocated at today's bid price(s) (the price applicable on the cancellation of the units). The current transfer value takes into account the following factors:

- the effect of any contractual early exit penalties
- the addition of any final bonus for With Profit units - final bonus is not guaranteed and can go up or down at any time.



**FRIENDS
PROVIDENT**

Friends Provident Life and Pensions Limited
PO Box 1550, Milford, Salisbury SP1 2TW
Telephone 0845 6029199 Fax 0845 6000624

Transfer Payment Form (form A)

(To be completed by the member)

Policyholder's name: David Nicklin

Personal pension policy number(s) : 11311145

Please give us details of the company who will be receiving your pension fund so that we can send it to them

Name of new scheme/pension provider	
Address	
Contact name (if known)	
Reference	

Please ask a representative of this scheme to complete the 'Statement by company receiving pension transfer'. Without this information we will be unable to process the transfer.

Declaration:

I instruct Friends Provident to transfer my policies to the provider named above. I understand that after the payment has been made I shall have no further claim against Friends Provident in relation to these benefits.

Signed: _____ Telephone number: _____

Name in capitals: _____ Date: _____

11311145



Statement by company receiving the pension transfer (form B)

(To be completed by the receiving scheme or insurance company)

This Transfer 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, for example a S32 buy-out policy).

Name : David Nicklin

Date of birth : 27 June 1969

Scheme details			
Full name of receiving scheme/provider			
HMRC reference (PSTR or SF number). This number is not required if transfer is to a S32 buy out policy			
ASCN number (if the transfer is to an appropriate personal pension scheme)			
ECON and CON (if the transfer is to an occupational scheme)			
Is the registered pension scheme fully insured?		Yes	No
Where the registered pension scheme is fully insured, Friends Provident will make payment to the receiving Insurance Company. If the scheme is not fully insured, payment will be made to the trustees.			
Is your registered pension scheme permitted to receive the transfer value, and will it meet your minimum acceptance terms?		Yes	No

Payment details	
As we will only make payment direct to your bank account please provide the following:	
Account Name:	
Account Reference:	
Account Number:	
Sort code:	

Declaration	
We declare that the transfer value received from Friends Provident will be used to secure retirement benefits under the above scheme.	
Signed: _____	Date: _____
Name in Capitals: _____	Job title: _____
Tel No: _____	

11311145





**FRIENDS
PROVIDENT**

Friends Provident Life and Pensions Limited
PO Box 1550, Milford, Salisbury SP1 2TW
Telephone 0845 6029199 Fax 0845 6000624

Details of our Pension Scheme

Member Details:

Policy Holder	David Nicklin
Date of Birth	27 June 1969
Scheme Name	Personal Pensions - Employees
Scheme Number	F20003/221422
Policy Number(s)	11311145

Friends Provident Scheme Details:

Transfer From	Friends Provident's scheme is registered (or deemed to be registered) with HMRC under Chapter 2 of Part 4 of The Finance Act 2004
PSTR Number	00605420RL
Scheme Contracting Out Number (ASCN/SCON)	A7001023M
Address	Friends Provident PO Box 1550, Milford, Salisbury. SP1 2TW

Transfer Details:

Current Transfer Value	£17516.31
• This transfer does not form part of a block transfer • This transfer has not come from an income drawdown arrangement • We are not aware of any primary or enhanced protection for this transfer • The member does not have a right to take benefits before the Minimum age allowed by HM Revenue & Customs regulations.	

Court Orders:

• This transfer is not subject to an earmarking or pensions sharing order.
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What do you need to return to us?

- Transfer Authority form

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