

Transfer form

Please fill in this form using black ink and in BLOCK CAPITALS and send it back to us at this address:
Aviva, PO Box 520, Norwich, NR1 3WG.

For us to continue working through your transfer, we need you to fill in this form **completely**.

Aviva scheme details

Plan number

TK10249464

Plan holder name

David Hughes

Details of new pension provider

New pension provider

Pension Practitioner

Department

Transfer Department

Address

UK Administration Centre
Office 12
Venture Wales Building
Pentrefach
Merthyr Tydfil CF48 4DR

Contact name, if known

Georgina Stulgawa

New plan number,
if known

MAT 2 Pension Fund

I understand that:

- the values given to me, and any illustration of benefits I have received, are not guaranteed and may go up or down in the future. The amount Aviva transfers may differ from the amounts quoted.
- where the payment represents all of the benefits under the plan, then Aviva is discharged from its obligation to make any further payments under that plan.
- where the payment represents only part of the benefits under the plan, Aviva is discharged from its obligation to make any further payments in respect of that part of the plan represented by the payment.
- any payment does not discharge Aviva for any act/error in dealing with the plan.
- if the benefits are moved to another provider, Aviva cannot accept them back into this plan.

What this means to you:

- 1) The value we transfer may be different to the amount shown in any quote we may have given you.
- 2) When all the money in your pension plan is transferred to your new provider we won't be responsible for paying you any more money from that plan.

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- 3) When part of the money in your pension plan is transferred to your new provider we'll only be responsible for the money that's been left in your Aviva plan. We won't be responsible for the amount we've transferred to your new provider.
- 4) Even if we transfer some or all of the money in your plan to a new provider, we'll still be responsible if we later find we've made a mistake with your plan.

Please only sign here if you have read all the information on this form and are sure you want to transfer your pension benefits to another provider. Doing so will mean you will lose any features or guarantees you may have with us.

Please pay the transfer value of the plan named on this form.

Plan holder's signature

D. Hughes

Date

11/04/19.