



CAPITA

Private & Confidential

Mr M Corcoran
10 Cranborne Chase
Taw Hill
Swindon
Wiltshire
SN25 1FH

Date: 24 June 2014

Our Ref: PFIZER/34290581

Dear Mr Corcoran

**Pfizer Group Pension Scheme
Transfer Enquiry**

I refer to your request for a possible transfer of benefits from the Pfizer Group Pension Scheme.

I enclose a Transfer Out Member Schedule (Form 1) with details of the **revised** Cash Equivalent Transfer Value (CETV), together with notes that contain all the information necessary for the transfer to proceed. The Cash Equivalent Transfer Value has been recalculated due to the transfer forms being received outside the guarantee period.

You should complete the following form:

- Member Discharge Form – Form 2

I enclose the following forms for your Receiving Scheme to complete and return:

- Receiving Scheme Information Form – Form 3
- Authority Form (IT1) – Form 4
- Trust Based Occupational Scheme Form – Form 5
- Personal/Stakeholder Pension Scheme – Form 6
- Section 32 Buy Out Policy – Form 7

Please also provide us with a **certified copy of your valid passport** so we can verify your name and date of birth against our records. If you do not have a valid passport, we require sight of your **original birth and marriage certificates**, if applicable. Please refer to the notes overleaf regarding Documentation Certification. Please note that any original certificates will be returned to you by recorded delivery.

The transfer value quoted is guaranteed for three months from the date of calculation. If an application to proceed is not received by 24/09/2014, a revised transfer value will not be available free of charge until 12 months from the date of the original request.

Pfizer UK Pension Arrangements
Capita, Hartshead House, 2 Cutlers Gate, Sheffield. S4 7TL
Tel (UK) Freephone 0800 328 4233 Tel (Overseas) +44 114 229 7631 Fax 0114 275 0998
Email pfizerpensions@capita.co.uk www.capita.co.uk/employeebenefits

Capita Employee Benefits is a trading name of Capita Employee Benefits Limited and Capita Employee Benefits (Consulting) Limited. Part of Capita plc. www.capita.co.uk. Capita Employee Benefits Limited and Capita Employee Benefits (Consulting) Limited are registered in England & Wales No: 02260524 and 01860772 respectively. Registered Office: 17 Rochester Row, Westminster, London, SW1P 1QT. Separately authorised and regulated by the Financial Conduct Authority.



The transfer value quoted includes your Guaranteed Minimum Pension (GMP). The Government has recently released a consultation stating its intention to legislate in the future for equalisation of pension benefits for men and women, which include a GMP. At the moment it is unclear how equalisation will be achieved and the impact it may have on your pension benefits. As a result, the GMP element of this transfer value has not been quoted on an equalised basis and therefore does not comply with the Government's stated intention. We strongly recommend that you seek independent financial advice regarding this issue before deciding whether to proceed with the application for a transfer.

If a formal application for payment is made within three months of the guarantee date, then the transfer value quoted will normally be paid. The amount could be subject to a reduction in exceptional circumstances, in which case you would be given the opportunity for the application to be withdrawn.

Please note that it is the transferring scheme's responsibility to make the necessary enquiries and to determine that the receiving scheme is a bona fide arrangement. Therefore, as part of our procedures, we need written consent so that we may approach HMRC, if required, to check that the Receiving Scheme is a registered pension scheme. Please arrange for the Authority Form (IT1) to be signed in the event that we require this confirmation, as without it we would not be able to proceed with the transfer of your benefits. The scheme administrator should also provide evidence that the receiving scheme is registered with HMRC and its Pension Scheme Tax Reference Number (PSTR).

Pension Liberation

A cross-governmental initiative was launched in February 2013 to tackle the issue of pension liberation. This initiative has led to the publication of guidance that is intended to help protect pension scheme members from activity that may be fraudulent and/or may result in considerable loss of funds due to significant tax charges levied by HMRC. These tax charges could reduce the value of your pension savings by more than half.

I have included an insert entitled 'Predators stalk your pension' and I would urge you take the time to read it before progressing with the transfer of your pension benefits.

In addition, further guidance which includes examples is available on the Pensions Advisory Service website using the link below:

http://www.pensionsadvisoryservice.org.uk/media/826600/members_leaflet.pdf

If having read the guidance you have any questions then you should consider seeking clarification from the receiving scheme and a regulated independent financial adviser.

I trust the above is satisfactory. If you have any questions regarding this letter, please contact me on the above number/email address or at the address below.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Charanjit Singh Rathore', written over a horizontal line.

Charanjit Singh Rathore
Pension Operations

Enclosed: Transfer Out Member Schedule
 'Predators stalk your pension' insert
 Member Discharge Form
 Receiving Scheme Information Form
 Authority Form (IT1)
 Trust Based Occupational Scheme Form
 Personal/Stakeholder Pension Scheme Form
 Section 32 Buy Out Policy Form

Document Certification

In order to combat fraud and identity theft, before we are able to pay or transfer pension benefits, we must be able to verify a member's identity against our records. This also enables us to ensure that the data held on our files is accurate as incorrect personal information can influence the values illustrated.

We therefore request sight of a member's birth and/or marriage certificate(s) (or other documentation confirming a change in name) in order to verify their name, date of birth, and any subsequent changes to their surname to that stated on their birth certificate so we may confirm their identity.

Due to Crown Copyright Law, we require sight of original copies of any certificates, e.g. birth, marriage or death certificates, issued in the UK. Please note that for certificates issued overseas, or for documents such as a valid passport or driving license provided as supplementary evidence, we are able to accept certified copies in place of the originals. Copies can be certified by:

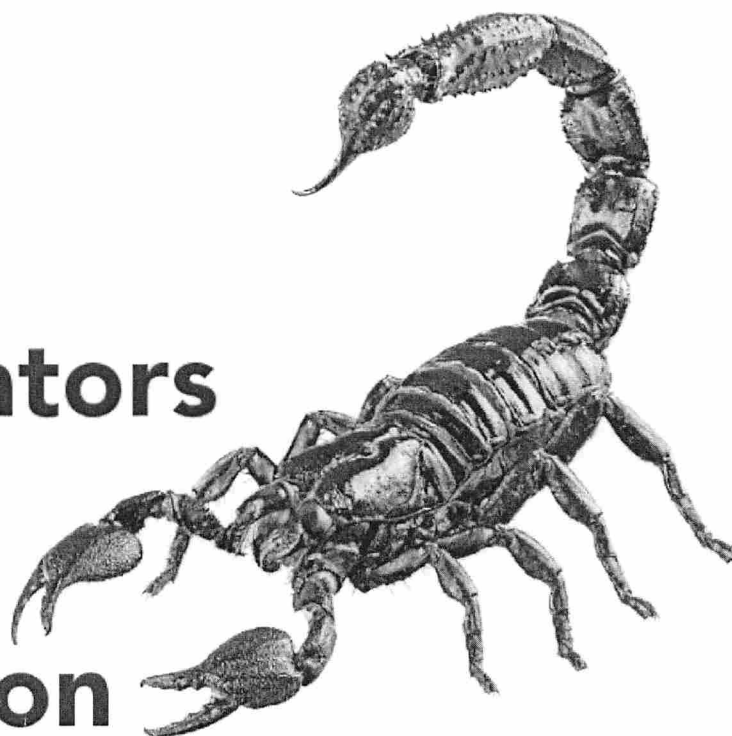
- A person/company covered by the money laundering regulations (this includes banks, IFAs, insurance companies, stockbrokers, investment managers, mortgage brokers);
- Professional individuals (such as a UK lawyer, accountant, teacher, doctor, minister of religion, post master/sub-post master);
- UK government departments.

Certified photocopies of documents must be signed, dated and marked as "original seen", along with printed contact details of the individual who certified (i.e name, occupation and contact address). The signature on the certified document must be an original signature.

If the photograph on a passport or driving licence is of poor reproduction the copy should also certify that it is a good likeness of the applicant.

The person certifying a document cannot be the same person to which the application relates.

Predators stalk your pension



Companies are singling out savers like you and claiming that they can help you cash in your pension early. If you agree to this you could face a tax bill of more than half your pension savings.



Don't let your pension become prey.





ActionFraud
Helping People Avoid Financial Crime

the pensions
advisory service

'Pension loans' or cash incentives are being used alongside misleading information to entice savers as the number of pension scams increases. This activity is known as 'pension liberation fraud' and it's on the increase in the UK.

In rare cases – such as terminal illness – it is possible to access funds before age 55 from your current pension scheme. But for the majority, promises of early cash will be bogus and are likely to result in serious tax consequences.

What to watch out for

-  Being approached out of the blue over the phone or via text message
-  Pushy advisers or 'introducers' who offer upfront cash incentives
-  Companies that offer a 'loan', 'saving advance' or 'cash back' from your pension
-  Not being informed about the potential tax consequences

Five steps to avoid becoming a victim

1. Never give out financial or personal information to a cold caller
2. Find out about the company's background through information online. Any financial advisers should be registered with the Financial Services Authority (FSA)
3. Ask for a statement showing how your pension will be paid at retirement, and question who will look after your money until then
4. Speak to an adviser that is not associated with the proposal you've received, for unbiased advice
5. Never be rushed into agreeing to a pension transfer.



Be alert to offers like this and if in any doubt, take advice from a registered adviser.

If you think you may have been made an offer, **contact:**

ActionFraud
Report Fraud & Internet Crime
0300 123 2040

For **impartial information and guidance**, visit:

the pensions
advisory service
www.pensionsadvisoryservice.org.uk

A cross-government initiative by:

ActionFraud
Report Fraud & Internet Crime

Metropolitan Police
City of London Police

FSA
Financial Services Authority

HM Revenue & Customs

the pensions
advisory service

The Pensions
Regulator

SFO
Serious Fraud Office

SOCA
Small Business Finance Unit

Pension liberation fraud
Member help
© The Pensions Regulator February 2013

You can reproduce the text in this publication as long as you quote The Pensions Regulator's name and the title of the publication. Please contact us if you have any questions about this publication. We can produce it in Braille, large print or on audio tape. We can also produce it in other languages.

**Pfizer Group Pension Scheme
Transfer Out Member Schedule**

Part A Personal Details

Title:	Mr	Surname:	Corcoran
Forenames (in full):	Malcolm	Date of Birth:	28/04/1966
Reference:	34290581	Normal Pension Date:	28/04/2031
Date Joined Employment:	06/02/1995	Date of Leaving (DOL):	19/06/1998
Date Joined Scheme:	01/07/1995		

Part B Deferred Benefits

Benefits at Date of Leaving (19/06/1998)	
Member's Pension at DOL:	£1,889.93 per annum
Member's Pre 06/04/1997 Pension at DOL:	£1,418.07 per annum
Member's Post 05/04/1997 Pension at DOL:	£471.86 per annum
Total Member Contributions at DOL:	£2,546.66
Guaranteed Minimum Pension (GMP)	
Pre 06/04/1988 GMP at DOL:	£ 0.00 per annum
Post 05/04/1988 GMP at DOL:	£ 152.88 per annum
Revaluation Method:	Fixed
Revaluation Rate:	6.25%

Pfizer Group Pension Scheme
Transfer Out Member Schedule

Transfer Value

Total Transfer Value: £45,314.98

Pre 06/04/1997 Transfer Value: £32,282.04
including

Pre 06/04/1997 Protected Rights of: £7,721.22

Post 05/04/1997 Transfer Value (Section 9 (2b) Rights): £13,032.94

Part C Additional Information

The member's benefits are not subject to an Earmarking Order.

Part D Important Information

The transfer value quoted is guaranteed for three months from the date of calculation. If an application to proceed is not received by 24/09/2014, a revised transfer value will not be available free of charge until 12 months from the date of the original request.

Pfizer Group Pension Scheme Transfer Out Member Schedule

Please note that the Trustees of the Pfizer Group Pension Scheme or Capita cannot advise you whether it is in your interest to transfer your benefits to another registered pension scheme, and would suggest that you consider taking independent financial advice before taking this option. If you do not have an Independent Financial Adviser, you may find details of financial advisers in your area on the following website: www.unbiased.co.uk or call: 0330 303 0025.

In addition, further information to help you with making your decision to transfer can be obtained from:

- The Financial Services Authority (FSA)
- The Pensions Advisory Service (TPAS)
- The Pensions Regulator (TPR)

Contact details for these organisations are below.

Financial Services Authority

Consumer Helpline: 0845 606 1234
Open 8am to 6pm, Monday to Friday

Web page
<http://www.fsa.gov.uk/>

The Pensions Advisory Service

Pensions Helpline: 0845 601 12923
Open 9am to 5pm, Monday to Friday

Web page
www.pensionsadvisoryservice.org.uk/

The Pensions Regulator

Customer Support: 0870 606 3636
Open 9am to 5.30pm, Monday to Friday

Web page
www.thepensionsregulator.gov.uk

The Pension Protection Fund

The PPF's function is to provide compensation to members of eligible pension schemes when there is a qualifying insolvency event in relation to an employer. This would happen if there were not enough assets in the pension scheme to cover the PPF level of compensation.

You need to know that as a member of the Pfizer Group Pension Scheme, you could be eligible to receive compensation from the Pension Protection Fund (PPF) in the future. If you choose to transfer to another scheme that is not covered by the PPF, for example, a defined contribution scheme or an overseas pension scheme, you will lose this protection of your pension benefits.

**Pfizer Group Pension Scheme
Member Discharge Form**

TO BE COMPLETED BY THE MEMBER

Please return forms to: Pfizer Group Pension Scheme, Capita, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL.

Part A Personal Details

Title:	Mr / Miss / Mrs / Ms / Dr (delete as applicable) / other _____		
Surname:	CORCORAN	Forename(s):	MALCOLM ROBERT
Date of Birth:	28-04-1966	National Insurance Number:	NH 69 81 84 A
Address:	10. CRANBORNE CHASE, TAW HILL, SWINDON, WILTSHIRE, SN25 1FH		

Part B Transfer Options

In exercise of my statutory right to a Cash Equivalent Transfer Value in accordance with Chapter IV of the Pension Schemes Act 1993, I require the Trustees to (✓ one box only):

☐ **Cancel my Application**

I no longer wish to proceed with the transfer of my benefits

☒ **Transfer my pension rights to my nominated scheme**

I wish to transfer my pension rights in the Pfizer Group Pension Scheme to the following nominated pension arrangement:

Name of receiving scheme:	MALCOLM CORCORAN ASSOCIATES PENSION SCHEME
Address for correspondence:	10. CRANBORNE CHASE TAW HILL SWINDON WILTSHIRE SN25 1FH

Pfizer Group Pension Scheme
Member Discharge Form

TO BE COMPLETED BY THE MEMBER

Please return forms to: Pfizer Group Pension Scheme, Capita, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL.

Part C Declaration

IMPORTANT: Please complete the following declaration:

- In exercise of my statutory right to a Cash Equivalent Transfer Value in accordance with Chapter IV of the Pension Schemes Act 1993, I require the Trustees to transfer my benefits to my nominated arrangement.
- I have considered the option of taking independent financial advice.
- I have received and read the insert 'Predators stalk your pension' and have read the leaflet on the Pensions Advisory Service's website and understand the implications of pensions liberation.
http://www.pensionsadvisoryservice.org.uk/media/826600/members_leaflet.pdf
- I confirm that this transfer does not involve any pensions liberation activity.
- I understand that if the Pfizer Group Pension Scheme is not satisfied that my nominated arrangement satisfies all the requirements under the relevant pensions legislation, the transfer will not take place.
- I have been given full details of my new scheme and I understand the nature of the benefits payable from it, including the benefits that the transfer payment will provide. I have also been made aware of any conditions on which the benefits provided in exchange for the transfer could be forfeited or withheld.
- I consent to the transfer of my contracted-out benefits. I confirm receipt of a statement from the Receiving Scheme showing the benefits to be awarded in respect of the transfer payment, and I accept that:
 - the benefits to be provided by the Receiving Scheme may be in a different form and of a different amount to those which would have been payable by the Pfizer Group Pension Scheme, and
 - there is no statutory requirement on the Receiving Scheme to provide for survivor's benefits out of the transfer payment.
- I understand that the benefits to be awarded to me under the Receiving Scheme in respect of my Cash Equivalent Transfer Value will be different from those that would have been available from the Pfizer Group Pension Scheme. I also realise the benefits at retirement may be more or less than those I would have received from the Pfizer Group Pension Scheme.
- I realise that the payment of a transfer value will fully discharge the Pfizer Group Pension Scheme from any liability to pay benefits to me, my dependants or my estate.

Upon payment of the Cash Equivalent Transfer Value as requested above, neither I nor any other person will have any further rights to benefits in respect of my membership of the Pfizer Group Pension Scheme.

Signed:



Date: 06-07-2014

Name:

M.R. CORCORAN

The information provided will be processed by Capita for purposes only associated with the Pfizer Group Pension Scheme and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.

Pfizer Group Pension Scheme
Receiving Scheme Information Form

TO BE COMPLETED BY THE RECEIVING SCHEME (ALL SCHEMES)

Please return forms to: Pfizer Group Pension Scheme, Capita, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL.

Please confirm the type of arrangement your scheme may be classified as: (Please tick)

1	A Registered Occupational Pension Scheme (complete Form 5)	<input checked="checked" type="checkbox"/>
2	A Registered Personal Pension or Stakeholder Pension Scheme (complete Form 6)	<input type="checkbox"/>
3	A Relevant Statutory Scheme (complete Form 5)	<input type="checkbox"/>
4	A Former Approved Superannuation Fund ("Old Code Scheme") (complete Form 5)	<input type="checkbox"/>
5	Registered Retirement Annuity Contract (complete Form 6)	<input type="checkbox"/>
6	A Deferred Annuity Contract or Section 32 Buyout Policy (complete Form 7)	<input type="checkbox"/>

Please contact me immediately if the proposed transfer is a non-UK based pension arrangement as different requirements will apply.

	Yes	No
Is the Scheme a Registered Pension Scheme?	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>

If no, please provide details on a separate sheet. Please note that transfers to unregistered schemes are not permitted transfers under the Finance Act 2004.

Please provide the following documentation:

	Enclosed?
• Your Pension Scheme Tax Reference (PSTR) Number	<input type="checkbox"/>
• A copy of the contracting out certificate where contracted out rights form part of the transfer payment	<input type="checkbox"/>
• Assurance that the transfer value is not payable through an independent broker	<input type="checkbox"/>
• A completed copy of the Authority Form IT1 (enclosed) to allow us to approach HMRC (if required) to confirm that the Receiving Scheme is registered for tax purposes.	<input type="checkbox"/>

**Pfizer Group Pension Scheme
Authority Form (IT1)**

TO BE COMPLETED BY THE RECEIVING SCHEME (ALL SCHEMES)

Please return forms to: Pfizer Group Pension Scheme, Capita, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL.

NAME OF TRANSFERRING SCHEME: Pfizer Group Pension Scheme

DECLARATION AND FORM OF AUTHORITY TO APPROACH HM REVENUE AND CUSTOMS

I confirm that the details given in this form concerning the pension scheme named below are correct to the best of my knowledge.

We hereby give our consent to the Trustees of the above named pension scheme, and to Capita acting on their behalf, to approach HM Revenue and Customs to confirm the tax registration status of the pension scheme named below.

Signature: _____

Date: _____

Name: _____
(BLOCK CAPITALS)

Position: _____

Name of Scheme: _____

PSTR Number: _____

The information provided will be processed by Capita for purposes only associated with the Pfizer Group Pension Scheme and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.

Pfizer Group Pension Scheme
Trust Based Occupational Pension Scheme Form

TO BE COMPLETED ONLY BY TRUST BASED OCCUPATIONAL PENSION SCHEMES

Please return forms to: Pfizer Group Pension Scheme, Capita, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL.

Part A Member Details

Title:	Mr / Miss / Mrs / Ms / Dr / (delete as applicable) / other _____		
Surname:	CORCORAN	Forenames (in full):	MALCOLM ROBERT
Date of Birth:	28-04-1966	NI Number:	NH 69 81 84 A

Part B Receiving Scheme Warranties

In respect of the above member's request to pay a Cash Equivalent Transfer Value to the Receiving Scheme, we warrant that:

- The Receiving Scheme is a registered pension scheme and a **screen print from the Pension Schemes Online page showing the Scheme Name and the Pension Scheme Tax Reference (PSTR) number is attached**. Further, we authorise Her Majesty's Revenue & Customs (HMRC) to give you confirmation or otherwise that the Receiving Scheme is a registered scheme.
- The benefit to which the transfer value relates for service after 16 May 1990 has been equalised in accordance with the Equality Act 2010, **except for any Guaranteed Minimum Pension (GMP)**. The GMP has been calculated in accordance with Pension Schemes Act 1993.
- The Member is a bona fide employee of the current employer which is a current participating employer in the Receiving Scheme.
- We have received a Transfer Out Member Schedule in respect of Pfizer Group Pension Scheme.

	Yes	No
Is the Scheme an insured Scheme?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state the name of the Life Office insuring the Scheme's benefits:		

Pfizer Group Pension Scheme
Trust Based Occupational Pension Scheme Form

TO BE COMPLETED ONLY BY TRUST BASED OCCUPATIONAL PENSION SCHEMES

Part C Receiving Scheme Details

Name of Receiving Scheme:			
PSTR Number*:			
ECON Number*:		SCON Number*:	
Date Contracted-Out Employment began in Receiving Scheme:			
Address of Scheme Administrator:			

* Please provide documentary evidence.

Part D Receiving Scheme Bank Details for BACS Transfer

Name(s) of Account Holder(s):			
Bank Name:			
Bank Address:			
Sort Code:		Account Number:	

Pfizer Group Pension Scheme
Trust Based Occupational Pension Scheme Form

TO BE COMPLETED ONLY BY TRUST BASED OCCUPATIONAL PENSION SCHEMES

Part E Declaration

We confirm that:

- The information contained within this form is correct to the best of our knowledge.
- The Receiving Scheme is capable of accepting the transfer payment and that this will be applied to the above scheme for the benefit of the above member in accordance with the rules thereof.

Signed: _____

Date: _____

Full Name: _____

On Behalf Of: _____

The information provided will be processed by Capita for purposes only associated with the Pfizer Group Pension Scheme and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.

Pfizer Group Pension Scheme
Personal/Stakeholder Pension Scheme Form

TO BE COMPLETED ONLY BY PERSONAL/STAKEHOLDER PENSION SCHEME PROVIDER

Please return forms to: Pfizer Group Pension Scheme, Capita, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL.

Part A Member Details

Title:	Mr / Miss / Mrs / Ms / Dr / (delete as applicable) / other _____		
Surname:		Forenames (in full):	
Date of Birth:		NI Number:	

Part B Receiving Scheme Warranties

In respect of the above member's request to pay a Cash Equivalent Transfer Value to the Receiving Scheme, we warrant that:

- We are a provider satisfying the requirements of Section 154 of the Pensions Act 2004, and are regulated by the Financial Services Authority (FSA).
- The member's Cash Equivalent Transfer Value will be applied to one or more policies under a Personal/Stakeholder Pension Scheme which is registered under Chapter 2 Part 4 of the Finance Act 2004. Please find enclosed **a screen print from the Pension Schemes Online page showing the Scheme Name and the Pension Scheme Tax Reference (PSTR) number**. Further, we authorise Her Majesty's Revenue & Customs (HMRC) to give you confirmation or otherwise that the Receiving Scheme is a Registered Pension Scheme.
- The benefit to which the transfer value relates for service after 16 May 1990 has been equalised in accordance with the Equality Act 2010, **except for any Guaranteed Minimum Pension (GMP)**. The GMP has been calculated in accordance with Pension Schemes Act 1993.
- We have received a Transfer Out Member Schedule in respect of Pfizer Group Pension Scheme.

	Yes	No
Has the member taken up immediate membership of the personal/stakeholder pension scheme?	<input style="width: 50px; height: 40px;" type="checkbox"/>	<input style="width: 50px; height: 40px;" type="checkbox"/>
If no, is CA1888/CA1889 applicable?	<input style="width: 50px; height: 40px;" type="checkbox"/>	<input style="width: 50px; height: 40px;" type="checkbox"/>

Pfizer Group Pension Scheme
Personal/Stakeholder Pension Scheme Form

TO BE COMPLETED ONLY BY PERSONAL/STAKEHOLDER PENSION SCHEME PROVIDER

Part C Receiving Scheme Details

Name of Receiving Scheme:	<input type="text"/>
PSTR Number*:	<input type="text"/>
Address of Provider:	<input type="text"/>

*Please provide documentary evidence.

Part D Receiving Scheme Bank Details for BACS Transfer

Name(s) of Account Holder(s):	<input type="text"/>		
Bank Name:	<input type="text"/>		
Bank Address:	<input type="text"/>		
Sort Code:	<input type="text"/>	Account Number:	<input type="text"/>

Pfizer Group Pension Scheme
Personal/Stakeholder Pension Scheme Form

TO BE COMPLETED ONLY BY PERSONAL/STAKEHOLDER PENSION SCHEME PROVIDER

Part E Declaration

We confirm that:

- The information contained within this form is correct to the best of our knowledge.
- The Receiving Scheme is capable of accepting the transfer payment and that this will be applied to the above scheme for the benefit of the above member in accordance with the rules thereof.

Signed: _____

Date: _____

Full Name: _____

On Behalf Of: _____

The information provided will be processed by Capita for purposes only associated with the Pfizer Group Pension Scheme and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.

Pfizer Group Pension Scheme
Section 32 Buy Out Policy Form

TO BE COMPLETED ONLY BY THE INSURANCE COMPANY/PROVIDER (SECTION 32 BUY OUT)

Please return forms to: Pfizer Group Pension Scheme, Capita, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL.

Part A Member Details

Title:	Mr / Miss / Mrs / Ms / Dr (delete as applicable) / other _____		
Surname:		Forenames (in full):	
Date of Birth:		NI Number:	

Part B Receiving Scheme Warranties

In respect of the above member's request to pay a Cash Equivalent Transfer Value to the Receiving Scheme, we warrant that:

- We are a provider satisfying the requirements of Section 154 of the Pensions Act 2004, and are regulated by the Financial Services Authority (FSA).
- The member's Cash Equivalent Transfer Value Sum will be applied by us to one or more policies which satisfy the requirements of Section 95 (2)(c) of the Pension Schemes Act 1993. Please find enclosed a **screen print from the Pension Schemes Online page showing the Scheme Name and the Pension Scheme Tax Reference (PSTR) number**. Further, we authorise Her Majesty's Revenue & Customs (HMRC) to give you confirmation or otherwise that the Receiving Scheme is a Registered Pension Scheme.
- The benefit to which the transfer value relates for service after 16 May 1990 has been equalised in accordance with the Equality Act 2010, **except for any Guaranteed Minimum Pension (GMP)**. The GMP has been calculated in accordance with Pension Schemes Act 1993.
- We have received a Transfer Out Member Schedule in respect of Pfizer Group Pension Scheme.

**Pfizer Group Pension Scheme
Section 32 Buy Out Policy Form**

TO BE COMPLETED ONLY BY THE INSURANCE COMPANY/PROVIDER (SECTION 32 BUY OUT)

Part C Receiving Scheme Details

Name of Receiving Scheme:

PSTR Number*:

Address of Insurance
Company/Provider:

* Please provide documentary evidence.

Part D Receiving Scheme Bank Details for BACS Transfer

Name(s) of Account Holder(s):

Bank Name:

Bank Address:

Sort Code:

Account Number:

Pfizer Group Pension Scheme
Section 32 Buy Out Policy Form

TO BE COMPLETED ONLY BY THE INSURANCE COMPANY/PROVIDER (SECTION 32 BUY OUT)

Part E Declaration

We confirm that:

- The information contained within this form is correct to the best of our knowledge.
- The Receiving Scheme is capable of accepting the transfer payment and that this will be applied to the above scheme for the benefit of the above member in accordance with the rules thereof.

Signed: _____

Date: _____

Full Name: _____

On Behalf Of: _____

The information provided will be processed by Capita for purposes only associated with the Pfizer Group Pension Scheme and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.

THERE ARE NO OFFICIAL OBSERVATIONS.

