

Transfer Form to a UK Pension Scheme

Name of Transferring Scheme: ReAssure Number Four Free-Standing AVC Scheme
Type of Policy: Free Standing AVC
Policy Number: P117162394
Policy Owner: Mr Phillip Christopher Mason
Date of birth: 07/07/1964
National Insurance Number: NE163968D

If the National Insurance number shown above appears incorrect or is blank please indicate the correct number on this form.

Please note:

- **Sections One and Two of this form are for completion by the receiving scheme provider.**
- **Section Three of this form is for completion by the transferring member.**
- **We have enclosed a guide and notes to help you complete this transfer application form.**

We need this information so that we can make payment. You can find out more about how we use personal information by viewing our full privacy notice on our website.

Section One – Receiving Scheme Detail (to be completed by the new pension provider)

Name of Receiving Scheme

Mason Family Pension Scheme

Name and Address of new provider

RC Administration Ltd
1A Park Lane
Poynton
Cheshire SK12 1RD

The Scheme is a Registered Pension Scheme under Chapter 2 Part 4 of the Finance Act 2004

Yes

☒

No

☐

HM Revenue & Customs Registration Number for Scheme (Please see Note 4. on next page)

20006273RD

Is the new provider/scheme administrator registered with the FCA?

Yes

☐

No

☒

If yes, please provide FCA Registration number

EVIDENCE IS REQUIRED THAT THE RECEIVING SCHEME IS A REGISTERED PENSION SCHEME. IF IT IS NOT A REGISTERED PENSION SCHEME THE TRANSFER CANNOT PROCEED.

Section One – Receiving Scheme Detail (continued)

All schemes please also complete the following:

Please tick the appropriate box to describe the Receiving Scheme type from the following:

- | | |
|--|-------------------------------------|
| 1. Insured Personal Pension Scheme/FSAVC | <input type="checkbox"/> |
| 2. Insured Occupational Pension Scheme | <input type="checkbox"/> |
| 3. Self-Invested Personal Pension Scheme (SIPP) | <input type="checkbox"/> |
| 4. Small-Self Administered Scheme (SASS) | <input checked="" type="checkbox"/> |
| 5. Qualifying Recognised Overseas Pension Scheme (QROPS) | <input type="checkbox"/> |
| 6. International SIPP | <input type="checkbox"/> |
| 7. Defined Benefit Scheme | <input type="checkbox"/> |
| 8. Statutory Pension Scheme | <input type="checkbox"/> |

If you are requesting a transfer to an occupational scheme, you may be required to provide evidence of employment with the company linked to the scheme. Please refer to the Conditions for Transfer section in this form.

Section Two – Payment Instructions (to be completed by the new pension provider)

The transfer payment will be made when all our requirements have been met. Before completing the details below, please read the Notes in this section which contain important information.

Please choose a method of payment:

Direct payment to a bank

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Cheque

Payee (please see note)

Notes: -

1. For any **fully** insured pension scheme the Payee **MUST** be the receiving insurer.
2. For any self-administered scheme the payment **MUST** be in the name of the Trustees or Scheme Administrator of the specific scheme or to an insurer operating the scheme and paid directly to them.
3. For a statutory scheme the payment **MUST** be in the name of the specific scheme and paid directly to them.
4. Please provide documentary evidence that the Receiving Scheme is a Registered Pension Scheme under the Finance Act 2004. Acceptable evidence is either the HMRC letter to the Scheme Administrator confirming that the scheme is a Registered Pension Scheme or printed evidence pages from the Scheme Administrator's section of HMRC Pensions On-Line clearly showing that the scheme is a Registered Pension Scheme. Failure to provide this evidence could delay processing of the customer's request to transfer.

Name and Address of bank

Metro Bank
One Southampton Row
London, WC1B 5HA

Account number

45551717

Account name

MASON FAMILY PENSION SCHEME

Bank sort code

23-05-80

Declaration by Receiving Scheme

I confirm that the above information is correct and agree to the transfer of benefits. I authorise HM Revenue & Customs to provide to the scheme making the transfer confirmation, or otherwise, that the Receiving Scheme is a Registered Scheme.

Signature

P. Mason

Date

11.9.22

Name in capitals

PHILLIP MASON

Section Three – Member Details (to be completed by Mr Phillip Mason)

We recommend that as the transferring member you seek independent financial advice before completing this form.

Please answer the following questions:

This needs to be corrected to

NO advice

Yes

☒

No

☒

- Have you taken regulated advice?

- If the answer to the above question is yes, please provide your advisers name and FCA registration number below:

Advisers name:

Company Name and Address:

FCA Registration Number:

- | | | | | |
|--|-----|-------------------------------------|----|-------------------------------------|
| Will you be receiving any cash payment, bonus, commission or loan from the receiving scheme or its administrators as a result of transferring your benefits? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Did the receiving scheme/adviser or sales agents/representatives for the receiving scheme make the first contact (e.g. a cold call)? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Have you been told that you can access any part of your pension fund under the receiving scheme before age 55, other than on the grounds of ill-health? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Have you been told that you will be able to draw a higher tax free cash sum as a result of transferring? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Have you been promised a specific/guaranteed rate of return? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Have you been informed of any investment opportunity, particularly an overseas one? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Are you transferring to a newly established scheme? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Do you understand the nature of the underlying investments that you are planning to transfer into, and do you know the risks they involve? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Can you tell me how the transfer payment will be invested? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

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- If the answer to the above question is yes, please provide details of the investment below:

BUYING A COMMERCIAL PROPERTY

- Do you know what fees will be charged and how these will affect the value of your investments over time? Yes ☒ No ☐
- Are you aware of how the fees you will be charged compare with fees that apply under your current pension arrangement? Yes ☒ No ☐

We may need to contact you for further information dependent on the answers you have provided above.

Protection against the Lifetime Allowance charge (see Notes for details)

Have you obtained certified Protection of your pension savings against the Lifetime Allowance charge from HM Revenue and Customs? Yes ☐ No ☒

If you have answered NO please now sign the Declaration below.

I am enclosing the Protection certificate that was issued by HM Revenue & Customs when I registered for the Protection against the Lifetime Allowance Charge Yes ☐ No ☐

If you have obtained Protection but are not sending your Protection certificate you must enter its reference number below.

HMRC Certificate reference number

Please also tick the following box if the statement is true.

I have established with my new pension scheme's administrator and/or my financial advisor the effect that the transfer has on the Protection of my pension savings against the Lifetime Allowance charge and any entitlement to a pension commencement lump sum greater than 25% of my pension fund.

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Policy Document Declaration:

◆ I/We have enclosed the original policy documents.

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◆ I/We have not enclosed the original policy documents. By ticking this box, I/We confirm Reassure is not liable for this policy after final payment has been made.

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Member Declaration

I authorise ReAssure Ltd making the transfer payment to carry out the above instructions.

I/We confirm that all the statements made on this form are both true and complete to the best of my/our knowledge and belief.

I/We agree that I/we will be responsible for any reasonable costs, damages or losses, including any legal expenses that ReAssure Ltd ("ReAssure") suffers as a result of any false, misleading or incomplete statements made by me/us or on my/our behalf.

I/We also confirm that if I am/we are not entitled to the proceeds from this policy then I/we will return all of the money to ReAssure. I/We also agree to reimburse ReAssure for any reasonable costs, damages or losses it incurs, including any legal expenses, in recovering this money from me/us.

I also authorise ReAssure Ltd to provide, or obtain from, the new Pension Provider any details needed to complete the transfer.

Signature

Date

P. Mahajan

4-9-22

Transfer Form to a UK Pension Scheme - Continued

If you are age 50 or over - Pensions Guidance Declaration:

I confirm that I have received guidance from Pension Wise.

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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I confirm that I wish to opt out of receiving guidance from Pension Wise.

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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I confirm that I have read the risk warnings in this pack and am happy to proceed with taking a transfer to another arrangement to access my retirement benefits.

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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NOTE: If you are age 50 or over you must answer all three questions and return this form with the Transfer Form otherwise we will not be able to proceed with the transfer.