



TRANSFER-OUT DISCHARGE FORM

FOR USE WITH THE COLLECTIVE RETIREMENT **ACCOUNT (CRA)**

FORM PURPOSE

This form can be used in respect of a CRA to arrange:

A transfer-out to an eligible Receiving Scheme.

A transfer to an eligible Receiving Scheme following a Pension Sharing Order.

If you wish to purchase an annuity, please complete the 'Benefit Crystallisation Event Request - applying for an annuity with another provider' form.

IMPORTANT NOTES

When completing this form you should check the current valuation of the CRA. The valuation will show any deductions we may need to make from the account before we complete the transfer.

We can only transfer the value of the CRA to the new provider as cash.

- If the CRA is currently in 'capped' or 'flexible' drawdown, and you are receiving income, we may need to delay the transfer until we've completed the
- If your address has changed within the last 12 months, we will need proof of the new address. Examples of acceptable documents include recent, original utility bills such as electricity, gas, water or telephone bills (landline only, not mobile)
- If there is an active pension sharing order in place then we will not be able to complete the transfer until the pension share has been completed.

COMPLETING THIS FORM

Please complete Section A or B, as appropriate.

Section A of the form must only be completed by the account holder for a transfer-out.

- Section B should only be completed by the former spouse/civil partner* of the account holder following a Pension Sharing Order.
- Section C of the form must be passed to the Receiving Scheme to complete.

Please use BLOCK CAPITALS only and blue or black ink.

- Please ensure all applicable sections of the form are completed clearly as missing or unclear information will result in a delay in processing or the return of this form.
- A separate form should be completed for each account held.
- This form must be signed as appropriate and sent to Old Mutual Wealth, Old Mutual House, Portland Terrace, Southampton SO14 7AY

*As defined by the Civil Partnership Act 2004

As defined by the civil a morship vol. 2004.				
A PERSONAL DETAILS				
PART 1		and the second s		
Title				
	Other ▶ please specify			
Surname				
ROBZINS				
First name		Middle initial(s)		
Jacke				
Address		-		
55 Buntons Ro	as Hampton Kill			
Usydon MIDDE	elex			
	Postcode /	212 1DE		
Date of birth ▶ dd mm yyyy	National Insurance number			
18/02/1972	NX 65 90 92 A			
Enter your client reference number, if known	Enter your Collective Retirement Account number			
1931303764	4,0,0,2,2,1,3,3,9			
Telephone number	Email			
07739 920438	Jake Chromocard. Associate	=7		
Tick/Complete ONE of the following All of my CRA				
to indicate what you wish to transfer: OR	<u></u>			
All of the uncrysto	allised funds in my CRA			
OR		-,		
The following am	ount from uncrystallised funds in my CRA 🚶			

PART 2 - DISCHARGE AND DECLARATION I hereby request that Old Mutual Wealth Life & Pensions Limited release the value of investments held under my CRA specified in Section A Part 1 and make payment of the value as an authorised pension transfer to the scheme detailed in Section C Part 1. I confirm that I am the account holder. I understand that payment of a pension transfer amount can only be made where the receiving scheme is eligible to receive a pension transfer payment under HM Revenue & Customs rules. I understand that the payment will not take place until Old Mutual Wealth Life & Pensions Limited receives satisfactory assurances from the Receiving Scheme that it is eligible to receive a pension transfer payment under HM Revenue & Customs rules. I accept that on full transfers, where applicable, the outstanding Phased Initial Charge will be deducted from the value of the Account and retained by Old Mutual Wealth Life & Pensions Limited. The amount paid as a pension transfer payment will be net of any outstanding Phased Initial Charge. I declare that payment by Old Mutual Wealth Life & Pensions Limited of the full transfer value shall constitute a full discharge of its obligation to make further payments in respect of the transferred pension funds. I understand that for partial transfers of uncrystallised funds a minimum amount of £1,000 (plus 1.5 times any outstanding Phased Initial Charge) must be left in uncrystallised funds in the CRA after the payment to the Receiving Scheme. I understand that I can only transfer the full crystallised funds if the Account only contains crystallised funds. Signature of Account holder PART 3 - FURTHER COMMENTS PENSION SHARING ORDER (TRANSFER OF PENSION CREDIT REQUEST) This section should be completed by the former spouse/civil partner* to arrange a transfer that has arisen following a Pension Sharing Order. Member's name Collective Retirement Account number

Title Mr Surname	Mrs	() Miss	NER DETAILS Other ▶ please specify		
First name					Middle initial(s)
Address					
				Postcode	

Please enclose the Pension Sharing Order and the decree absolute together with the application form for the receiving scheme stated in Section C Part 1.

Declaration

I hereby request Old Mutual Wealth Life & Pensions Limited to transfer the value of funds to which I am entitled from mentioned Account to the receiving scheme detailed in Section C Part 1. I understand that the Transfer Payment will be made direct to the Receiving Scheme.

Signature of former spouse/civil partner*

*As defined by the Civil Partnership Act 2004.

C RECEIVING SCHEME DECLARATION
Section C of the form should be completed by the scheme's trustees or an authorised signatory of the Receiving Scheme. The form should then be returned to Old Mutual Wealth together with the completed Section A or B. On receipt of the form, and all our requirements, payment will be despatched direct to the Receiving Scheme together with details of the transfer. A copy of the Receiving Scheme's Pension Scheme Registration document should be submitted with the form.
PART 1 - RECEIVING SCHEME DETAILS
Receiving Scheme name
Orchestrated Media Pension Scheme
Pension Scheme Tax Registration number (PSTR) ▶ please enclose a copy of your Registration document 2 0 0 0 1 3 6 9 R S
Trustee/Scheme Administrator's name
Jake Adam Robbins
Address
55 Burtons Road, Hampton Hill, Middlesex
Postcode TW12 1DE
Account reference number
N/A
s the Receiving Scheme a Registered Pension Scheme under Section 2, Part IV, Finance Act 2004, or a Qualifying Recognised Overseas Pension Scheme and willing and authorised to accept pension transfers?
X Yes No
PART 2 - PAYMENT DETAILS
Control of the Contro
iull details of the funds being transferred will be supplied with payment. Please advise if you require any specific information. Payment of the transfer value will be made by electronic transfer unless you specify that you would prefer to receive a cheque. Please supply your bank account details.
Allied Irish Bank

55 Burtons Road, Hampton	Hill, Middlesex	
		Postcode TW12 1DE
Account reference number		
	N/A	
Is the Receiving Scheme a Registered Pensio willing and authorised to accept pension tro	on Scheme under Section 2, Part IV, Finance Act 2004, or a Gansfers?	Qualifying Recognised Overseas Pension Scheme and
X Yes No		
PART 2 - PAYMENT DETAIL:		
Full details of the funds being transferred v	vill be supplied with payment. Please advise if you require a	ny specific information. Payment of the transfer value
will be made by electronic transfer unless y Bank name	ou specify that you would prefer to receive a cheque. Pleas	e supply your bank account details.
Allied Irish Bank		·
Account name		
Orchestrated Media Pension	n Scheme	
Address		
Vantage Point, Hardman St	reet, Spinningfields, Manchester	
A commence of the commence of	1 0	
		Postcode M3 3PL
ort code	A1	
2 3 - 8 3 - 9 6	Account number 0 4 9 1 9 0 8 8	Reference number
	0 4 9 1 9 0 8 8	OMW - Orchestrated Media
Vould you prefer to receive a cheque?	Cheque should be made payable to	
Yes X No		

We confirm that the signatory/signatories below is/are auth	e or are the authorised administrators of the Receiving Scheme.
Signature	Date ► dd mm yyyy 0 9 / 0 9 / 2 0 1 9
Position	
Scheme Administrator	
Print name	
Jake Adam Robbins	
Signature	
	Date N. 11
	Date ► dd mm yyyy / 2 0
Position	
Print name	
PART 4 - FURTHER COMMENTS	
	*

Old Mutual Wealth

Old Mutual House Portland Terrace Southampton SO14 7AY

www.oldmutualwealth.co.uk

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

PART 3 - RECEIVING SCHEME DECLARATION

Old Mutual Wealth is the trading name of Old Mutual Wealth Limited which provides an Individual Savings Account (ISA) and Collective Investment Account (CIA) and Old Mutual Wealth Life & Pensions Limited which provides a Collective Retirement Account (CRA) and Collective Investment Bond (CIB).

Old Mutual Wealth Limited and Old Mutual Wealth Life & Pensions Limited are registered in England and Wales under numbers 1680071 and 4163431 respectively. Registered Office at Old Mutual House, Portland Terrace, Southampton SO14 7EJ, United Kingdom. Old Mutual Wealth Limited is authorised and regulated by the Financial Conduct Authority. Old Mutual Wealth Life & Pensions Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Their Financial Services register numbers are 165359 and 207977 respectively. VAT number 386 1301 59.

When printed by Old Mutual Wealth this item is produced on a mixed grade material, which uses a combination of recycled wood or paper fibre from controlled sources and virgin fibre sourced from well managed, sustainable forests.

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