

Transfer Questionnaire and Declaration

To be completed by Receiving Scheme.

WARNING - Failure to fully complete this form will delay payment.

Section 1 -

Details of Transferring Scheme /Planholder

Scheme Name:

The Phoenix (RL) Personal Pension Scheme

Planholder Name:

Mr Peter Baker

Planholder date of birth:

08/11/1949

Planholder NI number:

YM969696A

Plan number(s)

0302629161/001

SECTION 2 -

Details of Receiving Scheme

Scheme Name:

PGP PENSION SCHEME

Scheme's HMRC registration or tax approval reference:

00787896RQ

Please send us a copy of your tax approval letter or PSTR confirmation

Scheme administrators name:

PENSION PRACTITIONER.COM

Scheme administrators address:

Address: Pension Practitioner .Com Limited
Daws House, 33-35 Daws Lane,
London, NW7 4SD.
Co Reg: 8028668; Vat: 894312018
HMRC Reg No: 00005886
Postcode:

Name of Contact (in case of enquiry):-

BRAD DAVIS

Telephone Number:

0800 634 4862

Type of scheme - the scheme is a:
(Please tick the **one** relevant box)

- a) UK registered personal or stakeholder pension scheme. ☐
- b) UK registered occupational pension scheme, or a buy-out (deferred annuity) contract or a public service pension scheme. ☒
- c) Another UK registered pension scheme. Please provide full details of the scheme. ☐

Contracted out status

Is the scheme able to accept contracted out rights?

☒ Yes ☐ No

If 'Yes', the contracted out reference numbers are:

SCON S N/A

and

ECON E N/A

If Guaranteed Minimum Pension is to be provided, it will be revalued at:

%

Additional details

On what basis do benefits accrue in the receiving scheme/arrangement?

Money Purchase ☒ Defined Benefit ☐

If you have ticked (a) or (b) above, is the scheme

(i) A self-administered scheme?

☒ Yes ☐ No

(ii) An insured scheme?

☐ Yes

☒ No

Also, if you have ticked (b) above, is the scheme

(iii) A public service pension scheme as defined in s150(3) FA2004?

☐ Yes

☒ No

(iv) A buy-out (deferred annuity) contract?

☐ Yes

☒ No

If the scheme is an insured scheme, or a buy-out contract, we will usually make payment only to the life office insuring the scheme or contract.

SECTION 3 -

Payee Details

a) If you are an insurer, would you prefer payment to be made by BACS?

☒ Yes

☐ No

If 'Yes', please provide us with details of the account into which you would like payment to be made, printed on your company's headed paper, and we will consider payment by BACS.

b) If you require payment by cheque, to whom should the transfer cheque be made payable?

N/A

This is the scheme /

Administrator

☒

Trustees

☐

Insurer

☐

contract's:

If you are neither the scheme's administrator nor trustees, and you are not the scheme's insurer, under what authority do you seek to receive the transfer payment?

c) Where should the cheque be sent?

Name:

N/A

Address:

TO BE SENT BY
BACS AS PER COVER
LETTER.

Postcode:

SECTION 4 -

Receiving Scheme Declaration

This section is NOT to be completed by the planholder

We hereby declare:

- We are willing to accept the transfer payment;
- The transfer payment will be used to provide relevant benefits under a UK registered pension scheme, in accordance with Part 4 of the Finance Act 2004;
- The information given in this questionnaire is complete and correct; and
- We hereby authorise HM Revenue & Customs to confirm our registered pension scheme status to Phoenix Life

Signed for and on behalf of the receiving scheme:

Please note: Phoenix Life Limited will not accept the return of the payment should the transfer not proceed.

Authorised signatory:

Mark Miserotti

Name of signatory:

MARK MISEROTTI

Position/Title of signatory:

ADMINISTRATOR.

Date signed:

17/11/2012

Transfer Discharge Form

To be completed by the planholder.

Planholder:

Mr Peter Baker

Plan number(s):

0302629161/001

I authorise Phoenix Life Limited to transfer the sum of **£99,769.17 not guaranteed to:**

Enter the full name and address of the pension provider or pension scheme which is to receive the transfer payment.

Provider/Scheme name:

PLB PENSION SCHEME

Provider/Scheme address:

Pension Practitioner .Com Limited
Daws House, 33-35 Daws Lane,
London, NW7 4SD
Co Reg: 0028668; Vat: 894312018
HMRC Reg No: 00005885
Postcode:

IMPORTANT - Please tick the box if required

☐ Before acting upon these instructions, please warn me or my financial adviser (where applicable) if the transfer value has fallen by more than 5% from the figure quoted. I understand that, if this box is ticked and the value falls by more than 5% when the actual transfer is calculated, you will attempt to contact me by telephone on the daytime number provided below. If you are unable to contact me by telephone you will write to me. **I am aware that this will mean my transfer request will not be processed until I instruct Phoenix Life to proceed.**

Please provide a telephone number below which we can use to contact you between the hours of 8.30am and 5.30pm, Monday to Friday.

Preferred daytime contact number:

0800 6344862

If your financial adviser is acting on your behalf please tick the box

☐ My financial adviser is dealing with my pension transfer on my behalf, I authorise you to act upon their instructions.

Planholder's declaration:

Please read this declaration carefully before signing it. If you believe one or more of the statements are not true in relation to the proposed transfer, and as a result you cannot sign the declaration, the transfer cannot proceed.

In relation to the plan(s) listed above, I hereby declare:

- I agree to, and request, the transfer of benefits as indicated above.
- I understand the transfer value is not guaranteed. It will be recalculated prior to payment, and may be higher or lower than the amount shown above.
- I am the legal owner of the plan(s) and I am legally entitled to instruct Phoenix Life Limited to transfer the value. I have never been adjudged bankrupt and there are no court orders affecting my plan(s).
- I agree to the amendment of my plan(s), where required, to permit the transfer of benefits requested.
- I understand and agree that payment of the transfer value will be in full and final discharge of Phoenix Life Limited's liabilities in respect of the benefits under the plan number(s) stated above.
- The policy document is enclosed/has been lost/not required due to partial transfer (**delete as applicable**).
- My National Insurance Number is:

YM 96 96 97 A

(We cannot make payment without this)

- I understand that if I have any entitlement under the Phoenix Life Limited plan(s) to a protected tax-free lump sum and/or a protected pension age these may be lost upon transfer.

Planholder's Signature:

Peter Baker

Name:

Peter Geoffrey Baker

Date:

15.11.12