

Aviva Platform

Transfer in or Re-Registration Form – non-Origo transfers only



How to fill in this form

- This form should be used when you want to transfer into an Aviva Platform product portfolio from another provider.
- This form can be used for multiple transfers. You will need to photocopy and complete the relevant sections as shown below for every additional transfer you wish to make. Any additional pages will need to be signed, dated and attached to this form.
 - **Section 3 for Pensions**
 - **Section 4 for Investments**
 - **Section 5 for ISAs**
- Please note, if you don't have an existing Pension Portfolio, ISA Portfolio, or Investment Portfolio your adviser will ask you to complete and sign the Platform Product Portfolio Client Declaration Form (LF01069).

Once completed your adviser should post this form to:

Aviva
PO Box 26957
Glasgow
G2 9DS

Section 1: Personal details

Account number(s)	<input type="text"/>
Client reference	<input type="text"/>
Forename(s)	<input type="text" value="John"/>
Surname	<input type="text" value="Glen"/>

Section 2: General Declaration

Any reference to 'you' refers to the current provider

- I authorise and instruct you to transfer funds from the plan(s) as detailed in this application, directly to Aviva.
- Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.
- I authorise you to release all necessary information to Aviva to enable the transfer of funds to Aviva.
- I authorise you to obtain from and release to my financial adviser any additional information that may be required to enable the transfer of funds.
- I agree that until this application is accepted and complete, Aviva's responsibility is limited to the return of the total payment(s) to the current provider(s).
- I agree that where the payment(s) made to Aviva represent(s) all of the funds under the plan(s) detailed in this application, the payment made as requested will discharge the current provider(s) of all claims, responsibilities and benefits in respect of the plan(s) detailed.
- I agree that where the payment(s) made to Aviva represent(s) part of the funds under the plan(s) detailed in this application, then the current provider(s) will be discharged of all claims, responsibilities and benefits only in respect of the part of the plan(s) represented by the payment(s).
- I accept responsibility in respect of any claims, losses and expenses that Aviva and the current provider(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

Section 3: Transfer details - Pension transfers

Name of scheme provider:	<input type="text" value="Pension Practitioner"/>
Name of scheme you are transferring from (if known)	<input type="text" value="Radiocontact SSAS"/>
Transferring plan number:	<input type="text"/>
HMRC tax reference number of the scheme you're transferring from (if known):	<input type="text"/>
Approximate fund value to be paid to Aviva:	<input type="text" value="£ 155,000.00"/>
Is this the full value of the fund in the plan?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Please tick ONE of the following options (tick one box only)	
Please sell the assets within my plan and transfer the proceeds to Aviva:	<input checked="" type="checkbox"/> or
Please re-register my holdings in my plan to Aviva:	<input type="checkbox"/>

Name of scheme provider:	<input type="text"/>
Name of scheme you are transferring from (if known)	<input type="text"/>
Transferring plan number:	<input type="text"/>
HMRC tax reference number of the scheme you're transferring from (if known):	<input type="text"/>
Approximate fund value to be paid to Aviva:	<input type="text" value="£"/>
Is this the full value of the fund in the plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tick ONE of the following options (tick one box only)	
Please sell the assets within my plan and transfer the proceeds to Aviva:	<input type="checkbox"/> or
Please re-register my holdings in my plan to Aviva:	<input type="checkbox"/>

Section 3: Transfer details - Pension transfers *continued*

Name of scheme provider:

Name of scheme you are transferring from (if known)

Transferring plan number:

HMRC tax reference number of the scheme you're transferring from (if known):

Approximate fund value to be paid to Aviva:

£

Yes

☐

No

☐

Please tick **ONE** of the following options (tick one box only)

Please sell the assets within my plan and transfer the proceeds to Aviva:

☐

or

Please re-register my holdings in my plan to Aviva:

☐

Name of scheme provider:

Name of scheme you are transferring from (if known)

Transferring plan number:

HMRC tax reference number of the scheme you're transferring from (if known):

Approximate fund value to be paid to Aviva:

£

Is this the full value of the fund in the plan?

Yes

☐

No

☐

Please tick **ONE** of the following options (tick one box only)

Please sell the assets within my plan and transfer the proceeds to Aviva:

☐

or

Please re-register my holdings in my plan to Aviva:

☐

Section 3: Transfer details - Pension transfers *continued*

Pension Portfolio Transfer Declaration

- I request and consent to the payment of any transfer value(s), detailed above, from my previous scheme/arrangement to my Pension Portfolio with Aviva.
- If an employer is paying contributions to any of the plans as detailed in this application, I authorise you to release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).
- If I am transferring a Capped Drawdown arrangement(s) to a Flexi-Access drawdown arrangement(s), I will be subject to the Money Purchase Annual Allowance from the date of my first Flexi-access payment.
- I agree that the Pension Portfolio terms and conditions apply to my investment.
- I can confirm I have read and agreed to the General Declaration in Section 2.

Print name: John Olen

Signature:



Date:

01/07/2022

Section 4: Transfer details – Investment Portfolio Only

Name of existing investment manager:

Address of existing investment manager:

Postcode

Plan number:

Name of plan administrator:

Estimated transfer value:

Please tick **ONE** of the following options (tick one box only)

Please sell the assets within my plan and transfer the proceeds to Aviva:

☐

or

Please re-register my holdings in my plan to Aviva:

☐

Investment Portfolio Transfer Declaration

- I request and consent to the payment of any transfer value(s), detailed above, from my previous scheme/arrangement to my plan with Aviva.
- I agree that the Investment Portfolio terms and conditions apply to my investment.

I authorise Aviva Wrap UK Limited:

- To hold my cash subscription, investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash.
- I can confirm I have read and agreed to the General Declaration in Section 2.

Print name

Signature

Date

--	--	--	--	--	--	--	--	--	--

Section 5: Transfer details – ISA Portfolio Only

Name of existing ISA manager:

Address of existing ISA manager:

Postcode

Existing ISA number:

Do you wish to transfer your current tax year ISA?

(Note a current tax year ISA must be transferred in its entirety) (Tick as applicable)

Yes ☐

No ☐

Date of first contribution in current tax year:

Tax years to be transferred (Please specify):

Please tick **ONE** of the following options (tick one box only)

Please sell the assets within my plan and transfer the proceeds to Aviva:

☐

or

Please re-register my holdings in my plan to Aviva:

☐

ISA Portfolio Transfer Declaration

- I request and consent to the payment of any transfer value(s), detailed above, from my previous scheme/arrangement to my plan with Aviva.
- I hereby instruct the above ISA manager/s to take the above indicated action with immediate effect and transfer or reregister my ISA to Aviva Wrap UK Limited, HM Revenue & Customs number Z1582.
- I authorise my current ISA manager to provide Aviva Wrap UK Limited or my financial adviser with any information they request in relation to my ISA.
- I agree that the ISA Portfolio terms and conditions apply to my investment.

I authorise Aviva Wrap UK Limited:

- To hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash.
- To make on my behalf any claims to relief from tax in respect of ISA investments.
- I can confirm I have read and agreed to the General Declaration in Section 2.

Print name

Signature

Date

--	--	--	--	--	--	--	--	--	--

| Retirement | **Investments** | Insurance | Health |

Aviva Wrap UK Limited. Registered in England No. 4470008. Aviva, Wellington Row, York, YO90 1WR.

Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 231530.

Aviva Pension Trustees UK Limited. Registered in England No. 2407799. Aviva, Wellington Row, York, YO90 1WR.

Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 465132.

aviva.co.uk

LF01071 10/2017 © Aviva plc

