

# Form D - Transfer Discharge Form

## 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 8:30 and 17:30, Monday to Friday.

Preferred  
daytime contact  
number:

07885 700223

## 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 before the payment is made, 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 Assurance Limited to transfer the value. I have never been adjudged to be 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 agree that full payment by Phoenix Life Assurance Limited of the transfer value in respect of the plan(s) arising from this form, is in discharge of Phoenix Life Assurance Limited's obligation to make payments on the plan(s). For the avoidance of doubt, this discharge shall not prohibit me from raising a claim relating to any act or omission by Phoenix Life Assurance Limited in relation to the plan(s).
- The policy document is enclosed/has been lost (delete as applicable).
- My National Insurance Number is:

WK990146D

(We cannot make payment without this)

Planholder's Signature:

*Susan Lucy Singleton*

Name:

SUSAN LUCY SINGLETON

Date:

17/8/23

**Please remember: The final transfer value may be higher or lower than the amount shown above.**

**The amount paid in respect of unit-linked or unitised investments will be the value of those investments on the day after we receive all the correctly completed transfer documentation and any additional evidence we may need to ask for.**

**Before signing, if you are unsure of any of the terms we have used, help is available by calling our Customer Contact Centre.**

**Please note, if the new agreement is cancelled with the scheme indicated above, Phoenix Life will not reinstate your benefits nor accept back the money transferred.**

# Form T - Transfer Questionnaire and Declaration

*To be sent to and completed by the new pension provider.*

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

## Section 1 - Details of Transferring Scheme /Planholder

**Scheme Name:**

NPLL PP Scheme No 1

**Planholder Name:**

Mrs Susan Singleton

**Planholder date of birth:**

20/04/1957

**Planholder NI number:**

WK990146D

**Plan number(s)**

N02646L 000-000

## SECTION 2 - Details of Receiving Scheme

**Scheme Name:**

**Scheme's HMRC registration or tax approval reference:**

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

**Scheme administrators name:**

**Scheme administrators address:**

*Transfer Questionnaire And Declaration*

**Address:**

**Postcode:**

**Name of Contact (in case of enquiry):-**

**Telephone Number:**

**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

and

ECON

E

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) 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?

This is the  
scheme /  
contract's:

Administrator ☐ Trustees ☐  
Insurer ☐

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:

Address:

Postcode:

### SECTION 4 - Receiving Scheme Declaration

**This section is NOT to be completed by the planholder**

We hereby declare:

- a) We are willing to accept the transfer payment;
- b) The transfer payment will be used to provide relevant benefits under a UK registered pension scheme, in line with Part 4 of the Finance Act 2004;
- c) The information given in this questionnaire is complete and correct; and
- d) 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 Assurance Limited will not accept the return of the payment should the transfer not proceed.**

Authorised signatory:

Name of signatory:

Position/Title of signatory:

Date signed:

