

PENSION TRANSFER (please do not complete if an open market option is required)

1. We undertake that the Receiving Scheme is: *please tick one only*

A. Registered Defined Benefit Occupational Pension Scheme

☐

B. Registered Defined Contribution Occupational Pension Scheme

☐

C. Individual Personal Pension Scheme

☐

2. We are/are not * able to accept contracted out benefits.

3. Contracting out basis: Defined Benefit / Defined Contribution.....N/A

4. ASCN.....ECON.....SCON.....N/A

5. Contracted-out employment under the receiving scheme commenced.....

6. Rate of revaluation of guaranteed minimum pension under the receiving scheme is Section 148/
Fixed/ Limited*

7. Receiving scheme registration number.....

* delete as appropriate

Address for correspondence

Receiving scheme declaration (for a pension transfer)

- (a) We declare that the information given above and overleaf is true and correct.
- (b) We confirm that the transfer value will be applied to provide relevant pension benefits that are consistent with HM Revenue and Customs conditions of approval.
- (c) If contracted-out benefits are being transferred, they will be applied to provide appropriate contracted-out benefits.

Signature: 

Company Name:

Position:

Date:

TRANSFER INSTRUCTION

Policy number(s):

Name:

The transfer value is not guaranteed. The actual transfer value may vary from this quotation as the value of your investment could fall as well as rise before settling the benefits. The actual transfer value will be calculated at the date all the necessary, completed documents have been received by AEGON Scottish Equitable.

Please complete the appropriate sections below.

To be completed by the policyholder

I wish to transfer my benefits as follows:

- | | | |
|-------|--|----------|
| (i) | Transfer both the non-protected rights and the protected rights to the receiving scheme/insurer below. | YES/NO * |
| (ii) | Transfer only the non-protected rights to the receiving scheme/insurer below. | YES/NO * |
| (iii) | Transfer only the protected rights to the receiving scheme/insurer below. | YES/NO * |

*delete as appropriate

AEGON Scottish Equitable will not complete the transfer unless you have obtained a transfer valuation in the six months prior to the request. We strongly recommend that you contact us for a transfer valuation if you have not obtained one within the last three months. We also recommend that you seek financial advice before going ahead with any transfer of funds.

Date of valuation	
Valuation method	Phone call/statement of benefits/website/other (please specify)

Receiving scheme/insurer.....

1. I agree that the actual value settled may be different from that quoted above due to fluctuations in my chosen investment fund which could fall as well as rise.
2. I agree that payment of the transfer value will be a full discharge of Scottish Equitable's liability under all the policies shown above.
3. I accept that this policy could be subject to a transfer penalty and if applicable this will be deducted from the fund value before transfer.
4. I understand that if there is a With Profits investment in this policy the With Profits funds may be subject to a market value reduction (MVR). An MVR can apply at any time except on, or after, the selected retirement date of the policy or when taking death benefits.

Signed



.....Date.....

Policyholder

Policy Number

Scheme Name

Scottish Equitable Personal Pension Scheme/Stakeholder Personal Pension Scheme

Scheme Number

00619022RA/00619024RG *

**delete as applicable*

Pension Transfer

Receiving Scheme / Policy Declaration

To be completed by the receiving scheme trustees or administrator

Transferring scheme details

Name of transferring scheme/arrangement:
Policy/reference number: 9210488
Member's name: Andrew Simpson
National Insurance Number: WK480189A
Member's date of birth: 28/09/1959
The transferring scheme is a UK Registered Pension Scheme

Receiving scheme details

Name of receiving scheme/provider: Slate Developments Ltd Pension Scheme
Our reference: <i>(to be used on all correspondence and payments)</i>
Please confirm either : Direct Credit (Preferred) or Cheque details
Direct Credit details (if appropriate) Sort Code:
Account number:
Account payee name:
Cheque details (if appropriate)
Cheque made payable to:
Address:
Reference to be included: (i.e. policy no. or client name)