

Pension Practioner.com
Daws House
33-35 Daws Lane
London
NW7 4SD

27 April 2017

Dear Sir or Madam

We have received a request to transfer this plan to Pension Practioner.com.
Before we can proceed with this request we need a few more details.

What do we need before we can proceed with the transfer?

- Completion of the enclosed transfer payment instruction form.
- Completion of the enclosed transfer warranty form.
Alternatively we can accept a letter or form with the appropriate scheme details. This must include:
 - Scheme name
 - Type of scheme
 - HMRC approval number, ASCN/ECON/SCON
 - Payment details
 - Correspondence address

Please note:

The actual transfer value will be based on the unit prices declared on the date we receive our final requirement.

We're here to help

If you have any questions about anything in the statement, please give us a call on **0800 068 6800**.

Any questions?

You can contact us on:

Tel: 0800 068 6800

Fax: 0800 158 2350

We are open 8:00am to
8:00pm Monday to Friday
8:30am to 5:00pm Saturday
&
10:00am to 4:00pm
Sunday

Calls are free from a UK landline

Visit our website at
aviva.co.uk

Plan holder
P Beauchamp

Plan number
SM93321438

Enclosures:
Transfer Payment
Instruction Form
Transfer Warranty Form

Aviva

Norwich Business Capture Centre
PO Box 520 Norwich NR1 3WG

Yours faithfully

signature

The Aviva customer team

Transfer payment instruction

Please return to: Norwich Business Capture Centre, PO Box 520, Norwich, NR1 3WG

Our Reference: /SM93321438

Name: Paul Benjamin Beauchamp

Plan Number: SM93321438

IF YOU TRANSFER TO A PERSONAL PENSION OR A PENSION BUY OUT PLAN WITH AVIVA, WE WILL REQUIRE WRITTEN CONFIRMATION FROM YOU, THAT YOU HAVE SOUGHT FINANCIAL ADVICE.

Please make sure that this form is fully completed in BLOCK CAPITALS before returning it to Aviva, to avoid any delay in paying the transfer value.

Payments will be made directly to your chosen pension provider.

Payee:
(this must be a pension provider)

Department:

Address:

Postcode

Contact Name (if known)

New plan number (if known)

Please pay the transfer value in respect of the above mentioned plan.

I accept that:

- the amount actually payable may differ from that shown in the illustration for the reasons explained in the transfer section
- once payment has been made for the whole of the plan, Aviva is no longer responsible for the plan
- once payment has been made for the part of the plan, Aviva will only be responsible for the rest of the plan

Please make sure this form is fully completed and signed in the box below. This will help us pay your benefits as quickly as possible.

Signature of Plan holder:

Date:

Transfer out warranty

Please return to: Norwich Business Capture Centre, PO Box 520, Norwich, NR1 3WG

Our Reference: /SM93321438

Transferring Scheme Details

Transferring Scheme: Pension Practionercom
Plan number: SM93321438
Member name Paul Benjamin Beauchamp

Please make sure that this document is fully completed in black ink and BLOCK CAPITALS before returning it to Aviva, to avoid any delay in settling the benefits.

To be completed by the Trustees/Administrator of the receiving scheme/contract.

Receiving Scheme details

Always complete

Receiving scheme / contract name

Receiving scheme / contract number (if known)

Name of bank:

Name in which account is held:

Account number: Sort code:

BACS payment ref:

Please confirm either
the ASCON A
or ECON E
and SCON S

Type of scheme

Please tick only one

☐

Insured registered scheme **(Now complete Section 1)**

A scheme registered (or deemed registered) under Part 4 of the Finance Act 2004.

☐

Self administered registered scheme **(Now complete Section 2)**

A registered scheme where the assets are invested, other than wholly by payment of insurance premiums, by the trustees, an in house investment manager or an external investment manager.

☐

Buy out e.g. S32 or replacement contract **(Now complete Section 3)**

The purchase by trustees of a registered scheme of an insurance plan in the name of the member or other beneficiary, in lieu of entitlement to benefit from the scheme, following termination of the member's Pensionable Service.

☐

Overseas scheme **(Now complete Section 4)**

Further information will be needed. Details will be supplied.

☐

Retirement Annuity Contract (RAC) **(Now complete Section 4)**

☐

Other **(Now complete Section 4)**

☐

Statutory scheme **(Now complete Section 5)**

A scheme (usually in the public sector) established by an Act of Parliament.

Section 1 - Complete for an insured registered scheme underwritten by a Life Office.

Receiving scheme HM Revenue & Customs (HMRC) registration / approval reference number

The normal retirement age under the scheme is

Name of the receiving Life Office

Address

Is a copy of the HMRC registration/approval e-mail or letter attached?

Yes

☐

No

☐

Now complete Section 5.

Section 2 - Complete for a self administered registered scheme

Receiving scheme HM Revenue &
Customs (HMRC) registration /
approval reference number

The normal retirement age under
the scheme is

Is a copy of the HMRC registration/approval e-mail or letter attached?

Yes

☐

No

☐

Payment will only be made to you as Scheme Administrator of the Receiving Scheme.

Now complete Section 5.

Section 3 - Complete for a Buy out

Please send a letter confirming:

- After receiving a transfer payment from this plan, you will issue a plan for the benefit of the plan holder and/or their dependants.
- The plan that will be issued meets the requirements of section 153(8) of the Finance Act 2004. It will also be an appropriate annuity contract under section 19(4) of the Pension Schemes Act 1993.

Now complete Section 5.

Section 4 - Complete for an overseas scheme, RAC or Other

Receiving scheme approved by
(tax authority)

Tax authority reference number

The normal retirement age under
the scheme is

Now complete Section 5.

Section 5 - Declaration on behalf of the receiving scheme

I confirm that the above statements are true. On receipt and acceptance of the transfer, it will be applied to provide benefits for or in respect of the member under the receiving scheme in accordance with the appropriate regulations made under the Pension Schemes Act 1993.

Signed

Position

For and on behalf of the Trustees/Administrators of

Date