



TRANSFER-OUT DISCHARGE FORM

FOR USE WITH THE COLLECTIVE RETIREMENT **ACCOUNT (CRA)**

FORM PURPOSE

This form can be used in respect of a CRA to arrange:

· A transfer-out to an eligible Receiving Scheme.

· A transfer to an eligible Receiving Scheme following a Pension Sharing Order.

If you wish to purchase an annuity, please complete the 'Benefit Crystallisation Event Request - applying for an annuity with another provider' form.

IMPORTANT NOTES

. When completing this form you should check the current valuation of the CRA. The valuation will show any deductions we may need to make from the account before we complete the transfer.

We can only transfer the value of the CRA to the new provider as cash.

- · If the CRA is currently in 'capped' or 'flexible' drawdown, and you are receiving income, we may need to delay the transfer until we've completed the final income payment.
- If your address has changed within the last 12 months, we will need proof of the new address. Examples of acceptable documents include recent, original utility bills such as electricity, gas, water or telephone bills (landline only, not mobile)
- If there is an active pension sharing order in place then we will not be able to complete the transfer until the pension share has been completed.

COMPLETING THIS FORM

OR

· Please complete Section A or B, as appropriate.

Section A of the form must only be completed by the account holder for a transfer-out.

- Section B should only be completed by the former spouse/civil partner* of the account holder following a Pension Sharing Order.
- Section C of the form must be passed to the Receiving Scheme to complete.

Please use BLOCK CAPITALS only and blue or black ink.

Please ensure all applicable sections of the form are completed clearly as missing or unclear information will result in a delay in processing or the return of this form.

A separate form should be completed for each account held.

*As defined l	oy the Civil Par	tnership Act 2004.					
A PER	SONAL D	ETAILS					
PART 1							
Title Mr Surname	Mrs	Miss	Other ▶ please specify		1 1 1		
STR First name	AFE	F02D				4 1	Middle initial(s)
Address	HAE						
14		000m	HOUSE	30C	WO	2KS04	OB
		7 1			Postcode	580	350
Date of birth	0 7 1	1961	National Insurance	number	10 f	F	
		number, if known 2540		Enter your Collective Retirement Account number 4 0 0 0 8 2 4 9			
Tick/Comple	te ONE of the	following to indicat	e what you wish to transfer:				
All of the unc	A crystallised fun	ds in my CRA					

PART 2 - DISCHARG	E AND DECL	ARATION				
hereby request that Old Mutua make payment of the value as a	al Wealth Life & Pe an authorised pensi	nsions Limited release the va ion transfer to the scheme de	ue of investments held tailed in Section C Pa	d under my CRA irt 1.	specified in Sectio	n A Part 1 and
confirm that I am the account I		and the second second	d 1	. 6 41 .		(
understand that payment of a under HM Revenue & Customs understand that the payment v	rules.					NAME OF THE PARTY
Scheme that it is eligible to rece	eive a pension trans	sfer payment under HM Reve	nue & Customs rules.			The State of
accept that on full transfers, w Old Mutual Wealth Life & Pensi	ions Limited. The a	mount paid as a pension tra	nster payment will be	net of any outsta	inding Phased Initio	al Charge.
declare that payment by Old I	sferred pension fun	ids.				
understand that for partial tra left in uncrystallised funds in the	e CRA after the pay	yment to the Receiving Schen	ne.		inding Phased Initi	di Chargej musi be
I understand that I can only trai	nster the full crystal	llised funds if the Account on	ly contains crystallised	a funds.		
Signature of Account holder			Date ► dd mm yyyy	7/20	16	
9			17/0	2/20		
PART 3 - FURTHER	COMMENTS					
B PENSION SHAP	RING ORDER	(TRANSFER OF PE	NSION CREDI	T REQUEST		
This section should be complete	ed by the former sp	oouse/civil partner* to arran	ge a transfer that has	arisen following	a Pension Sharing	Order.
Member's name						
	n or a s					
Collective Retirement Account r	number					
FORMER SPOUSE/	CIVIL PARTN	ER* DETAILS				
Title						
Mr Mrs	Miss	Other ▶ please specify				
Surname						
			F X Y X	1 1 1		
First name						Middle initial(s)
		1 1 1 1 1 1				
Address					1 1 1 1	
				Postcode		1 1 1 1
Date of birth ▶ dd mm yyyy		National Insurance nu	mber			
/ / /						
Please enclose the Pension Sha	aring Order and th	e decree absolute together w	ith the application for	m for the receivir	ng scheme stated in	Section C Part 1.
Declaration I hereby request Old Mutual	Wealth Life & Pensi	ions Limited to transfer the vo	lue of funds to which	I am entitled from	m mentioned Acco	unt to the receiving
scheme detailed in Section C	Part 1. I understan	d that the Transfer Payment	vill be made direct to	the Receiving Sc	heme.	
Signature of former spouse/c	ivil partner*					
			Date ► dd mm yyyy			
				/ 2 ()	

RECEIVING SCHEME DECLARATION Section C of the form should be completed by the scheme's trustees or an authorised signatory of the Receiving Scheme. The form should then be returned to Old Mutual Wealth together with the completed Section A or B. On receipt of the form, and all our requirements, payment will be despatched direct to the Receiving Scheme together with details of the transfer. A copy of the Receiving Scheme's Pension Scheme Registration document should be submitted with the form. PART 1 - RECEIVING SCHEME DETAILS Receiving Scheme name RETIREMENT BUS NORTHERN THE BENEFIT SCHEME Pension Scheme Tax Registration number (PSTR) ▶ please enclose a copy of your Registration document 00403721 RQ Trustee/Scheme Administrator's name PRACTITIONER. COM PENSION Address - 35 DAWS ANE DAWS HOUSE LONDON NW745 Postcode Account reference number 400018249 Is the Receiving Scheme a Registered Pension Scheme under Section 2, Part IV, Finance Act 2004, or a Qualifying Recognised Overseas Pension Scheme and willing and authorised to accept pension transfers? V Yes No PART 2 - PAYMENT DETAILS Full details of the funds being transferred will be supplied with payment. Please advise if you require any specific information. Payment of the transfer value will be made by electronic transfer unless you specify that you would prefer to receive a cheque. Please supply your bank account details. Bank name BANK OF SCOTLAND TRUSTEES OF THE NORTHERN BUS RETIREMENT BENEFIT SCHEME Address 5 CHURCH STREET SHEFFIELD HF Postcode S Reference number Account number Sort code 87254064 16-00-08 20932 Cheque should be made payable to Would you prefer to receive a cheque?

V No

Yes

We confirm that the information supplied is true and correct. We confirm that we are the authorised trustees of the scheme or are the authorised administrators of the Receiving Scheme. We confirm that the signatory/signatories below is/are authorised to represent the Receiving Scheme in these matters. We authorise HM Revenue & Customs and The Pensions Regulator to provide information about the Receiving Scheme to Old Mutual Wealth Life & Pensions Limited Signature Date ► dd mm yyyy 1 9 / 0 2 / 2 0 1 6 Print name STRAFFORD Signature Date ▶ dd mm yyyy 10000 E 03/03/2016 Position STRATOR ADMINI MIALISTER EMILY **PART 4 - FURTHER COMMENTS Old Mutual Wealth** Old Mutual House Portland Terrace Southampton SO14 7AY www.oldmutualwealth.co.uk Calls may be monitored and recorded for training purposes and to avoid misunderstandings. Old Mutual Wealth is the trading name of Old Mutual Wealth Limited which provides an Individual Savings Account (ISA) and Collective Investment Account (CIA) and Old Mutual Wealth Life & Pensions Limited which provides a Collective Retirement Account (CRA) and Collective Investment Bond (CIB).

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Regulation Authority. Their Financial Services register numbers are 165359 and 207977 respectively. VAT number 386 1301 59.

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PART 3 - RECEIVING SCHEME DECLARATION