

Transfer form

Please fill in this form using black ink and in BLOCK CAPITALS and send it back to us at this address:
Aviva, PO Box 520, Norwich, NR1 3WG.

For us to continue working through your transfer, we need you to fill in this form **completely**.

Aviva scheme details

Plan number **TK10890664**

Plan holder name **Malcolm Orekoya**

Details of new pension provider

New pension provider

Department

Address

Contact name, if known

New plan number,
if known

I understand that:

- the values given to me, and any illustration of benefits I have received, are not guaranteed and may go up or down in the future. The amount Aviva transfers may differ from the amounts quoted.
- where the payment represents all of the benefits under the plan, then Aviva is discharged from its obligation to make any further payments under that plan.
- where the payment represents only part of the benefits under the plan, Aviva is discharged from its obligation to make any further payments in respect of that part of the plan represented by the payment.
- any payment does not discharge Aviva for any act/error in dealing with the plan.
- if the benefits are moved to another provider, Aviva cannot accept them back into this plan.

What this means to you:

- 1) The value we transfer may be different to the amount shown in any quote we may have given you.

Transfer form

- 2) When all the money in your pension plan is transferred to your new provider we won't be responsible for paying you any more money from that plan.
- 3) When part of the money in your pension plan is transferred to your new provider we'll only be responsible for the money that's been left in your Aviva plan. We won't be responsible for the amount we've transferred to your new provider.
- 4) Even if we transfer some or all of the money in your plan to a new provider, we'll still be responsible if we later find we've made a mistake with your plan.

Please only sign here if you have read all the information on this form and are sure you want to transfer your pension benefits to another provider. Doing so will mean you will lose any features or guarantees you may have with us.

Please pay the transfer value of the plan named on this form.

Plan holder's signature



Date

29/10/20

Transfer form – new pension provider

Please make sure this form is filled in by **your new pension provider** using black ink and in BLOCK CAPITALS and send it back to us at this address: Aviva, PO Box 520, Norwich, NR1 3WG.

Aviva scheme details

Plan number **TK10890664**

Plan holder name **Malcolm Orekoya**

New pension provider details

Scheme / contract name

Scheme / contract number

Bank details for new provider

Bank

ALLIED IRISH BANK (GB)

Account holder name

OREKS PENSION SCHEME

Account number

04919088

Sort code

23-83-96

BACS payment reference

Type of scheme – please tick one box only

☐ A registered personal pension
(including stakeholder) scheme

☒ Small self-administered schemes
(SSAS)

☐ Self-invested personal pension
(SIPP)

☐ Occupational defined contribution

☐ Occupational defined benefit

For any of these schemes please fill in section 1 **and** section 3

☐ Overseas scheme
Please contact us for an overseas
transfer quote on **0800 068 6800**

☐ Any other type of scheme
Please fill in section 2 **and** section 3

Transfer form – new pension provider

Section 1

New pension provider HMRC registration /
approval reference number

20003352RR

Date approved

20 OCTOBER 2020

Name and address of new provider

Please enclose a copy of your HMRC registration / approval letter

Section 2

Type of scheme

Receiving scheme approved by tax authority

Tax authority reference number

Please enclose a copy of your HMRC registration / approval letter

Section 3 – Declaration of new pension provider

Please sign the declaration below:

I confirm the above statements are true. When we receive and accept the transfer request we'll use it to provide benefits for, or in relation to, the member of the scheme. This is in accordance with the appropriate regulations made under the Finance Act 2004.

Signed

Position

Signing for and on behalf of
the trustees / administrators of

Date