

Mailing

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Please return all pages of this form
Policy number: 8115905UG
Policyholder: Mr Matthew Simmons

Transfer Payment Release Form

(To transfer your pension fund to another pension provider)

You may have an alternative to taking, or transferring the money from your pension, why not contact us on 0800 953 1777.

This form is important as it helps us to transfer your pension fund to the new Pension Provider correctly with the minimum of delay.

In this form references to Aviva mean the company that issued the policy or its successor company in the Aviva Plc group.

Section 1 - Information we already know

Part A: Your personal details

| | |
|--|--|
| 1. Name of policyholder: | Mr Matthew Ben Simmons |
| 2. Policy number: | 8115905UG |
| 3. Name of member: (if different than policyholder) | |
| 4. Member number (where applicable) | |
| 5. Policyholder/member's address: | 12 Pinewood Close Dawlish Devon EX7 0AJ |
| 6. Policyholder's/Member's National Insurance number | NY-31-86-06-D |
| 7. Policyholder's daytime telephone number (8.30 to 5.30pm weekdays) | 07973 719097 |

Part B: Your type of UK registered pension scheme

Personal pension plan

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Part C: Your pension value

Total amount to be transferred.*

*The transfer value amount is not guaranteed and we will re-calculate it on receipt of all of our requirements. This is because the value of this policy moves up and down in line with the stockmarket.

£116,474.77

This value includes £0.00 representing Former Protected Rights.

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Section 2 - Confirmation from you the policyholder**Declaration made by you**

Please return the original policy documents with this form. If you cannot find them then, please read the section below.

I have carried out a diligent search in all the places I would expect to find the policies. I have also made enquiries of all people who may be able to give me information about their whereabouts but I have had no success in locating the policies.

If I find out where the policies are, I will inform you immediately. I will also return the documents to you as soon as I find them.

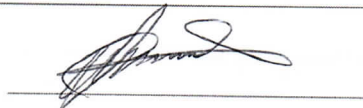
I/We authorise payment of the transfer value to the receiving scheme, details of which the receiving scheme administrator has completed in Section 3, Part A.

On payment of the transfer value to the receiving scheme, I/we agree that:

- a) where the payment to the receiving scheme represents all of the funds under any policy in Section 1, Part A, then Aviva is discharged from its obligation to make any further payments under that policy; and
- b) where the payment to the receiving scheme represents part only of the funds under any policy in Section 1, Part A, then Aviva is discharged from its obligation to make any further payments in respect of that part of the policy or policies represented by the payment
- c) any payment under (a) or (b) above does not discharge Aviva for any act / error in dealing with my/our policy.

The information in this form is correct and complete to the best of my knowledge and belief. If I become aware of any changes to the information given after I have sent it to Aviva, I agree to tell them of any changes at the earliest opportunity. If further tax becomes payable because of information I have provided proves to be wrong, I will be personally responsible for any liability incurred by Aviva, and the tax charge due and any resultant penalty as may be imposed by HMRC.

Signature of Policyholder



Date:

23/03/2021

Print Name:

M. Simmons

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If the policy is held under Trust then we need all the Trustees to sign below.

| | |
|------------------------------|-------------|
| Signature: of Trustee: _____ | Date: _____ |
| Print Name: _____ | |
| Signature: of Trustee: _____ | Date: _____ |
| Print Name: _____ | |
| Signature: of Trustee: _____ | Date: _____ |
| Print Name: _____ | |

Where the member is NOT the policyholder, please sign below:

| | |
|------------------------------|-------------|
| Signature of Member: _____ | Date: _____ |
| Print Name: _____ | |
| Capacity of signatory: _____ | |

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Section 3 - For use by the new scheme administrator only
Part A: New scheme details

| | |
|--|--|
| 1. HMRC reference number | |
| 2. Name of scheme / pension provider | |
| 3. Address of scheme / pension provider | |
| 4. Postcode | |
| 5. Company Telephone Number | |
| 6. Reference, to be quoted in correspondence | |

Part B: Your type of pension scheme / contract

| | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|--|
| A registered pension scheme governed and administered under UK Pension Law. | | | | | | | | | | | |
| Please confirm the Pension Schemes Tax Reference (PSTR) number below: | | | | | | | | | | | |
| <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | |
| If the transfer includes GMP rights (see Section 1) and your scheme will retain these rights in GMP form please provide your contracted-out reference number(s) below: | | | | | | | | | | | |
| SCON: | <table border="1"> <tr> <td>S</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | S | | | | | | | | | |
| S | | | | | | | | | | | |
| ECON: | <table border="1"> <tr> <td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | E | | | | | | | | | |
| E | | | | | | | | | | | |
| ECON needed if your scheme is a contracted-out final salary scheme | | | | | | | | | | | |

Part C: Confirmation of payment details to a UK registered non-Occupational Pension Scheme; otherwise complete Part D.

| | | | | | | | | | | | |
|-------------------------------------|---|---|--|---|---|--|---|--|--|--|--|
| Bank name: (e.g. HSBC) | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | |
| Bank sort code: | <table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> </table> | | | - | | | - | | | | |
| | | - | | | - | | | | | | |
| Bank account number: | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| Building society account number: | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| Account holder's name: | | | | | | | | | | | |
| Payment reference: (must be quoted) | | | | | | | | | | | |

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Section 3 - For use by the new scheme administrator only (continued)
Part D: Confirmation of payment details to an Occupational Pension Scheme; otherwise complete Part C

| | |
|-------------------------------------|--|
| Cheque payee: | |
| Address: | |
| Postcode: | |
| Payment reference: (Must be quoted) | |

Part E: Complete if the transfer payment is to be sent via an Independent Broker

| | |
|---|--------------------------|
| The Broker is employed as a third party administrator of the receiving scheme and administers the scheme's bank account | <input type="checkbox"/> |
| The Broker is employed as a third party administrator of the SIPP and administers the SIPP's bank account | <input type="checkbox"/> |

Part F: Complete if the transfer payment is to be made payable to an Independent Broker

| | |
|---|--------------------------|
| The Broker is the appointed Scheme Administrator of the SIPP (Self-Invested Personal Pension) | <input type="checkbox"/> |
|---|--------------------------|

Part G: Declaration by receiving scheme administrator

I/We declare that:

the receiving scheme is as specified in Section 3, Part B and that it is willing and able to receive the transfer payment shown in Section 1, Part C (remembering that this value will be recalculated in line with the policy conditions)

all information given in this section is true and complete.

Part H: Signatures of receiving scheme administrator/scheme trustee

| | |
|----------------------|-------------|
| Signature | Print name: |
| Date: | Position: |
| For and on behalf of | |

(Trustees/Administrator of receiving scheme)