

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 PP44122905 Plan holder name Lisa Alkins New pension provider details ESTHER SALMON Scheme / contract name Scheme / contract number Bank details for new provider Bank Account holder name Account number Sort code BACS payment reference Type of scheme - please tick one box only A registered personal pension Small self-administered schemes (including stakeholder) scheme (SSAS) Self-invested personal pension Occupational defined contribution (SIPP) Occupational defined benefit For any of these schemes please fill in section 1 **and** section 3 Overseas scheme Any other type of scheme Please contact us for an overseas Please fill in section 2 and section 3 transfer quote on 0800 068 6800



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Section 1
New pension provider HMRC registration / approval reference number
Date approved
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

Hi Esther Apologies for guich note. Have endosed the dishage fern for AVVA. It seems as thath the signature is required fran Servena a Retirement Carpetal. Con yn please linst the fam off. Nadvally, let us know if we have nounder had the form May Hahs Pal Alles

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