



## Declaration Discharge and Indemnity (Form U)

<b>Policyholder name:</b>
<b>Aegon policy number:</b> (the "Policy")
<b>Receiving scheme:</b>

*In this Declaration Discharge and Indemnity form "I"/"me"/"my" means the policyholder named above and "you"/"your" means Aegon (a trading name of Scottish Equitable plc).*

I confirm I have read your letter dated 22/09/23 sent with this form along with the additional information published by The Pensions Regulator about pension scams supplied with it.

I also confirm the following:

- I still wish to proceed with the transfer to Akors SASS.
- I have been recommended by you to seek and obtain independent financial advice from a financial adviser authorised by the Financial Conduct Authority (FCA). If the value of my safeguarded benefits (benefits other than money purchase or cash balance benefits) exceeds £30,000, then I am aware I must take advice.

*Tick the box that applies*

- I have not obtained financial advice ☐

- I have obtained financial advice from: ☐

.....  
(insert name of financial adviser)

.....  
(insert adviser's FCA Registration Number)

- You asked me to contact Money and Pensions Service (MAPS), aka Money Helper for free, impartial guidance on the risks of pension scams.

*Tick the box that applies*

- I did not contact MAPS ☐

- I contacted MAPS on .....  
(insert date here) and I fully acknowledge and accept the risks that were explained to me. ☐

- I am aware of the risk that, following the transfer, my funds may be invested in alternative higher risk assets and this is my responsibility.
- I acknowledge that you have a statutory obligation to report certain transfers to HM Revenue & Customs (HMRC) and that you will carry out that obligation.
- I acknowledge that if I access any of the transferred funds before the age of 55 (except in limited circumstances of ill-health) this will result in an unauthorised payment under tax legislation. I will be required to declare this to HMRC and will be personally liable to pay tax and other charges, normally totalling 55% of any such unauthorised payment. I agree to settle such charges from my personal assets. If I fail to declare an unauthorised payment to HMRC, I may be charged further penalties.
- I am aware that when accessing any of the transferred funds the maximum that can normally be paid tax free is 25%.
- I hereby indemnify you in respect of any additional tax and/or sanction charges that may be levied upon you in relation to this transfer.
- I fully discharge you from your obligation to provide any benefits to me or my beneficiaries if the transfer is paid.
- I hold you harmless from and against all actions, claims, demands, liabilities, damages, costs, losses or expenses (including without limitation, consequential losses, loss of profit, loss of reputation and all interest, penalties, legal and other professional costs and expenses) from any source, resulting from my decision to proceed with my transfer request.
- Any information provided about me by the receiving scheme/my adviser has been verified by me as factual and correct and you are in no way responsible for any quotation or any literature issued by the receiving scheme/my adviser.

Your pension is likely to be one of your most valuable assets. Like anything valuable, your pension can become the target for illegal activities, scams or offers of inappropriate and high risk investments. The enclosed Pension Regulator's leaflet explains the dangers of pension scams and what you should do to protect yourself. You can find out more about the steps you can take to protect yourself from pension and investment scams and how to avoid them – visit [fca.org.uk/scamsmart](http://fca.org.uk/scamsmart) and [pension-scams.com](http://pension-scams.com).



IN WITNESS WHEREOF these presents are subscribed by the policyholder named above  
at ..... (*town*) on the .....(*date*) day  
of ..... (*month*) Two Thousand and .....(*year*)  
before the undernoted witness:

.....  
Signature of Policyholder

.....  
Signature of Witness

.....  
Name of Witness

.....  
.....

.....  
Address of Witness

.....  
Occupation of Witness