

The Barclays Bank UK Retirement Fund (UKRF)***Transfer Authority form for Defined Benefit Schemes***

SR no: 1-686436630

(for Pensions Administration use only)

Full name:	Date of birth:	Pension reference number:	Scheme:
Mrs S A Bailey	29/03/1968	2027496	1964 Pension Scheme

The Cash Equivalent Transfer Value (CETV) of your deferred benefits (including any AVC/SCC funds) is: £49378.59

I understand that:

- My transfer value in relation to my deferred benefits is guaranteed for three months from 7 September 2012;
- Should my request to transfer be received after the guarantee period, I understand that under current regulations, I am not entitled to a further guaranteed transfer value for a period of 12 months from the date of this request; and
- The AVC/SCC element of the value is NOT guaranteed and that the value transferred may be more or less than the figure quoted.

To be completed by the receiving scheme:

Receiving scheme/arrangement name:		
Pension Scheme Tax Reference number (PSTR):		
ECON and SCON (if applicable):	ECON:	SCON:
	Contracted out start date:	
Signature of administrator/trustee on behalf of the receiving scheme:		
Full name of authorised signatory:		
Position of authorised signatory:		

I request the Trustee to transfer a sum representing the value of my accrued benefits in the UKRF from the 1964 Pension Scheme to the receiving scheme/arrangement.

I confirm that:

1. I have been accepted as a member of the receiving scheme/arrangement.
2. The trustees of the receiving scheme/arrangement have agreed to accept the transfer and I have received a statement showing the benefits to be awarded in respect of the transfer payment.
3. I accept that the benefits to be provided by the receiving scheme may be in a different form and of a different amount to those which would have been payable by the transferring scheme.
4. I have not been given any advice by Barclays or the Trustee about whether or not I should make this request.

5. I have had the opportunity to take independent financial advice related to this request.
6. I understand that the Trustee and Barclays will not consider whether or not the transfer that I have requested is in my interest and will not consider the interests of any of my relatives or dependants.
7. I acknowledge that in complying with my request, the Trustee and my (former) employer(s) will be discharged of all liability to provide benefits to me in respect of the CETV.
8. The following only applies if the transfer is to a contracted in scheme/arrangement.
9. I understand that there is no statutory requirement on the receiving scheme to provide for survivor's benefits out of the transfer payment.
10. I understand that my Guaranteed Minimum Pension (GMP) has been converted into its cash equivalent and forms part of my transfer value. I understand that once the transfer takes effect, I will no longer be entitled to a GMP, or to the increases (during periods of deferment or after my GMP Date) on the portion of my transfer value that previously related to my GMP (my "Former GMP"). However, I understand that my State Additional Pension will continue to be calculated as if I remained entitled to my Former GMP.

Your National Insurance (NI) number:		Please tick one box
I have a UK NI number	Please state your NI number	☒
NP941480C		☒
I do not qualify for a UK NI number		☐

Member's signature: * 	Date: 11/10/12
Print name: SUSAN ANN BAILEY	

Please have your date of birth and signature confirmed by any branch of your account-holding bank or building society. This is required to protect your benefits.	
I confirm that I have seen the original birth certificate/passport * of <u>SUSAN ANN BAILEY</u> (insert member's name)	
and I confirm that it is valid. The stated date of birth is <u>29/03/1968</u> . (*please delete as appropriate)	
Signature of branch official:	
Name of branch official (please print):	Emma Hynds
Position of branch official:	Cashier
Branch stamp (compulsory):	20 - 36 - 98 BARCLAYS BANK 06 2012 06 WATER GARDENS HARLOW 20 - 36 - 98