

## Receiving Scheme Warranty Form

To: MetLife Pension Trustees Ltd, Trustees of the MetLife Personal Pension Scheme.

Member Name:	Mr John Wordsworth
Policy Number:	L9302029G
Name of Receiving Scheme:	
Name and Address of the Receiving Scheme's Trustee or Administrator:	
PSTR or QROPS and ASCN Number:	
Client Reference/Plan Number:	

### BACS Payments

Bank/Branch Name and Address:	
-------------------------------	--

### UK Transfer or Overseas Transfer

Sort Code (UK) or National Clearing Code:	
Account Number (UK) or BIC Code:	
Account Name:	
Reference No:	

**Pension Transfer** (please do not complete if an open market option is required)

1. We undertake that the Receiving Scheme is (please confirm one only):

- Registered Defined Benefit Occupational Pension Scheme
- Registered Defined Contribution Occupational Pension Scheme
- Individual Personal Pension Scheme

2. Contracting out basis:

- Defined benefit
- Defined contribution
- Not Applicable

3. ASCN.....

ECON.....

SCON.....

N/A.....

**Declaration**

As the Trustee/Administrator of the above receiving scheme, we confirm the above pension is a Registered Pension Scheme under the HMRC reference number specified above. We confirm that the above client is (or will become) a member of the above scheme, and that the scheme is willing and able to accept a transfer payment from MetLife Europe d.a.c. (including any further monies which subsequently arise in connection with this policy). We further confirm that any such transfer will be applied to provide benefits for the member in accordance with the scheme rules.

Note that each separate drawdown pension arrangement that may be transferred will be placed in a separate arrangement (which holds no other funds) within the receiving registered pension scheme. In addition, the existing income limits and review period for these funds will be maintained, in accordance with HMRC regulations. We also give authority to you to contact HMRC in regards to the Registered Pension Scheme's QROPS Status if required.

Signature:

---

Date:

---

Name:

---

Position:

---