

Transfer document checklist

Please ensure all forms have been fully and accurately completed, and all of the documents listed below are sent to us or the new provider / receiving scheme as indicated.



To be completed by the planholder, member or trustee		✓
Transfer discharge form	This form gives us the authority to transfer your pension to your new provider. It must always include the name and address of the pension provider receiving the transfer payment. This must be fully completed and signed by the member.	✓

To be sent to / completed by the new provider / receiving pension scheme		✓
Transferring scheme information	Please send this to the new provider . They use this information when they're setting up the receiving scheme to receive the transfer value.	✓
New scheme HMRC registration letter	Please request this from the new provider . The new pension scheme manager should be able to provide a copy.	✓
Receiving scheme's transfer statement	Please send this to the new provider . It should be completed and signed by an authorised representative of the receiving pension scheme . The new provider can send it back to us directly.	✓

We will only be able to process this transfer once we have received the correctly completed documents.

Please return completed forms and documents to:

Prudential
 LANCING
 BN15 8GB

Transfer discharge form

To be completed by the member.

Plan number(s)	10321404
Member	Mrs CATHRYN MASON
Scheme name	Teachers AVC Facility (England & Wales)

Please remember: The amount paid will be recalculated when we pay the transfer and this may be higher or lower than the transfer value quoted previously.

Any incomplete or missing information will delay the transfer payment to the receiving scheme.

I authorise you to transfer the above plan to:

(Please provide the full name and address of the pension provider or pension scheme set to receive the transfer payment.)

Name of new scheme/pension provider	MASON FAMILY PENSION SCHEME
Address	18 BURY DYKE CRICK NORTHAMPTON
Postcode	NN6 7XA
Reference number	
New contact name	PHILLIP MASON CATHRYN MASON
New contact telephone number	07710 433237 07760 185504
New contact e-mail address	lpcm1964@yahoo.com

cathryn.mason.278@yahoo.co.uk

Pension credit benefits

Do you have a pension credit?

Yes ☐

No ☒

If yes and you wish to transfer these benefits they must be transferred in full. Alternatively you can choose not to transfer these benefits and they'll remain in your AVC policy.

Do you want to transfer your pension credit benefits to the provider above?

Yes ☐

No ☐

Partial transfer

If you'd like to request a partial transfer please provide details in the box below.

Please clearly write the total amount you wish to transfer out from your fund.

The minimum amount which can be transferred is £2,000.00

After any partial transfer, at least £5,000.00 must be left in your fund.



Transfer discharge form continued

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Unless you tell us otherwise, we'll take an equal amount from each fund you have with Prudential. However, if you want to specify the fund(s) and/or the amount(s), please write the fund name(s) and the amount(s) to be transferred in the table below. If you wish to transfer the entire fund, please tick the All box.

Fund name	Amount (£)	All (please tick)
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If you'd like to discuss which fund(s) you want the transfer to be taken from, please call us.

Note: Lifestyle option – unless you tell us that you want to opt out of lifestyle, your remaining fund value will automatically rebalance to the appropriate proportions for the stage you're at in your approach to retirement. For further details please visit pru.co.uk/lifestyling.

Please add any special instructions regarding this transfer in the box below:

Special instructions	
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How we use your personal information

For a copy of our latest Data Protection Notice, please visit pru.co.uk/mydata. This details how and why we use your personal information (including any sensitive personal information), who we may share it with and your rights around your personal information. Alternatively, you can request a hard copy to be sent to you by writing to The Data Protection Officer, Customer Service Centre, LANCING, BN15 8GB.

Please note that we collect personal information from you that is necessary for us to either provide you with the product or service you've requested or to comply with statutory or contractual requirements. Unfortunately if you don't provide all of the information we require this may mean we are unable to provide our products and services to you.

Member's declaration and authority – please read and sign below

- I have read the enclosed document called 'Risk warnings: Taking your benefits – what are the risks?' which explains the risks associated with a wide range of different pensions options.
- I am happy to proceed with transferring my retirement benefits.

Please tick one box.

Yes ☒ No ☐

In relation to the plan listed above, I agree to, and request, the transfer of benefits as indicated above.

Please read this declaration carefully before signing it. If you believe one or more of the statements below is/are not true in relation to the proposed transfer, and as a result you cannot sign the declaration, we may not be able to/cannot proceed with the transfer.

In relation to the plan listed above, I hereby declare:

- I agree to, and request, the transfer of benefits as indicated above.
- I confirm that I have been made aware of any market value reduction that will be deducted following transfer of the plan.

Transfer discharge form continued

- I understand the transfer value is not guaranteed. It will be recalculated before the payment is made, and may be higher or lower than the amount shown previously.
- I am the legal owner of the plan and am legally entitled to instruct you to transfer the value. I have never been adjudged to be bankrupt, there are no court orders and/or insolvent events affecting my plan.
- I understand and agree that payment of the transfer value will be in full and final discharge of your liabilities in respect of the benefits under the plan number stated above.
- The benefits provided by the plan(s) fall wholly inside my unused standard Lifetime Allowance (or personal Lifetime Allowance if higher) and no Lifetime Allowance charge is due as a result of benefit payments from the plan(s)

My date of birth is 25 December 1964.

- I declare that my date of birth shown and that the statements that I have made are correct and complete. I understand that making a false declaration may result in tax charges and other penalties.
- I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan(s).
- I also promise that I will be responsible for any losses and/or expenses which are the result of any untrue, misleading, or inaccurate information deliberately given by me, or on my behalf, either in this form or with respect to the benefits from the plan(s).

If you are concerned or have queries about one of the statements, please don't hesitate to contact us.

If you've previously been adjudged bankrupt; subject to a Debt Relief Order, Individual Voluntary Arrangement, Administration Order or another insolvent event; or your plans are/have been potentially affected by any other court orders, so that we can make the appropriate enquiries to decide whether or not the transfer can proceed, please contact us and provide us with relevant details/documentation, such as:

- a copy of the order concerned
- court/insolvency service reference number
- details of the court or insolvency service office, official receiver's office, insolvency practitioner and/or solicitors.

If you believe all other relevant parties concerned have consented to the transfer, please provide documentation to confirm. Please note we can't provide you with legal, financial or tax advice, and you should obtain such advice independently if you feel it's required.

Member's signature	<i>Cathryn Mason</i>
Name	CATHRYN MASON
Date	21/3/2023

Please provide a telephone number below which we can use to contact you between the hours of 8.30am and 6pm, Monday to Friday.

Preferred daytime contact number	07760 185504
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Before signing, if you're unsure of any of the terms we've used, please call us using the contact details in our covering letter.

Please note, if the new agreement is cancelled with the scheme indicated above, we may not be able to accept the transferred money back in to your original contract.

Receiving scheme's transfer statement



Section 1 – Details of transferring scheme/ member

Scheme name	Teachers AVC Facility (England & Wales)
Member name	Mrs CATHRYN MASON
Member date of birth	25 December 1964
Member NI number	NE569737C
Plan number(s)	10321404

Section 2 – Details of receiving scheme

This document should only be used for a transfer to a UK registered pension scheme.

Full name of receiving scheme/ provider	Mason Family Pension Scheme / RC Administration Limited
Your plan number	N/A
HMRC reference (PSTR or SF number)	20006273RD
Scheme administrator's name	Mason Family Pension Scheme
Scheme administrator's address	1a Park Lane, Poynton Cheshire
Postcode	SK12 1RD
Name of contact (in case of enquiry)	LISA WELTON
Telephone number	03303110839
Email address	INFO@RCADMINISTRATION.COM

Type of scheme – the scheme is a: (please tick the relevant box.)

- A) A pension scheme registered under Chapter 2, Part 4 of the Finance Act 2004.
- B) A statutory pension scheme (as defined in Chapter 1, Part 4 of the Finance Act 2004).

☒

☐

If you have ticked option A please enclose a copy of the scheme's HMRC registration document.



Transfer statement continued

Additional details

Is the scheme:

(i) a non-insured self-administered scheme or a self-invested pension plan?

Yes

☒

No

☐

(ii) an insured scheme?

Yes

☐

No

☐

(iii) a public service pension scheme as defined in s150(3) FA2004?

Yes

☐

No

☐

(iv) a buy-out (deferred annuity) contract?

Yes

☐

No

☐

If the scheme is an insured scheme, or a buy-out contract, we will usually make payment only to the life office insuring the scheme or contract.

Section 3 – Payment details

Please note that if your scheme is fully insured then we will pay the transfer payment directly to the new insurance company, in accordance with HMRC requirements. If the transfer is to a non-insured scheme we will pay directly to the receiving provider or administrator.

Our preferred method of payment is BACS.

(a) If you would prefer payment by BACS please provide us with details of the account into which you would like payment to be made.

Sort code	23-05-80
Account number	45551717
Account name	MASON FAMILY PENSION SCHEME
Name of bank	Metro Bank
Reference number	PTI - Cathryn

(b) If you would prefer payment by cheque, to whom should the transfer cheque be made payable?

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This is the scheme/contract's:

administrator

☐

trustees

☐

insurer

☐

(c) Where should the cheque be sent (complete if different from above)?

Name	
Address	
Postcode	

Transfer statement continued

Section 4 – Receiving scheme declaration

This section is to be completed by an authorised signatory of the receiving scheme

We hereby declare

- we are willing to accept the transfer payment
- the transfer payment will be used to provide relevant benefits under a UK registered pension scheme, in line with Part 4 of the Finance Act 2004
- the information given in this questionnaire is complete and correct; and
- we consent to you referring this proposed transfer to HMRC and for HMRC to provide information to you relating to the registration of the receiving scheme.

Signed for and on behalf of the receiving scheme:

(Please note: if the new agreement is cancelled with the scheme indicated above, we may not be able to accept the transferred money back in to the original contract.)

Authorised signatory	<i>L Welton</i>
Name of signatory	LISA WELTON
Contact phone number	03303110839
Position/title of signatory	Administrator
Date signed	22 March 2023