

# 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 <u>always</u> 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		1
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.	<b>✓</b>
New scheme HMRC registration letter	Please request this from the new provider. The new pension scheme manager should be able to provide a copy.	<b>✓</b>
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.	<b>✓</b>

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

Please return completed forms and documents to:

Prudential LANCING

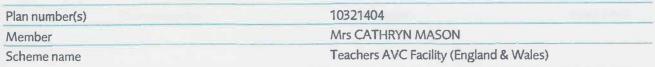
**BN158GB** 

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# Transfer discharge form

To be completed by the member.



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.)

MASON FAMILY PENSION SCHEME
18 BURY DYKE CRICK NORTHAMPTON
NN67XA
PHILLIP MASON CATHRYN MASON
07710 433237 07760 185504
Ipcm 1964@yahoo.com

	10.	
Pension	credit	penetits
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Do you have a pension credit?

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?

#### Partial transfer

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

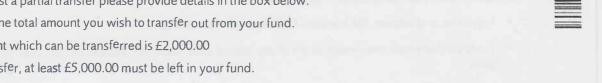
Please clearly write the total amount you wish to transfer out from your fund.

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.



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	form continued	
o specify the fund(s) and		fund you have with Prudential. However, if you want name(s) and the amount(s) to be transferred in the All box.
Fund name	Amount (£)	All (please tick)
	the appropriate proportions for the stage	e you're at in your approach to retirement. For further
automatically rebalance to details please visit pru.co.		e you're at in your approach to retirement. For further x below:
details please visit pru.co.	uk/lifestyling.	
automatically rebalance to details please visit pru.co. Please add any special inst	uk/lifestyling.	
automatically rebalance to details please visit pru.co. Please add any special inst	uk/lifestyling.	

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	Lathryn Maish.
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

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.

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### Lines open Monday to Friday, 8.30am-6pm

# Receiving scheme's transfer statement



### Section 1 - Details of transferring scheme/ member

	T	
Scheme name Teachers AVC Facility (England & Wal		
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.
- 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 No Yes (ii) an insured scheme? No Yes No (iii) a public service pension scheme as defined in s150(3) FA2004? Yes (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 - Catheryn (b) If you would prefer payment by cheque, to whom should the transfer cheque be made payable? This is the scheme/contract's: administrator trustees insurer (c) Where should the cheque be sent (complete if different from above)? Name Address Postcode

### 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	LWelton	4
Name of signatory	LISA WELTON	Alternate Williams
Contact phone number	03303110839	diese Physics
Position/title of signatory	Administrator	
Date signed	22 March 2023	an fighered



10321404