



Friends Life Limited
PO Box 1550, Milford, Salisbury, SP1 2TW
Telephone 0845 602 9221 Fax 0845 600 0624

Transfer Out Authority Form

New Generation Personal Pension Plan

Details of member: MR J MADDISON

Member reference: F46043/11358

National Insurance number: NR 25 31 443

Date of birth: 13-07-1968

This Transfer-Out Authority form should only be used in respect of a transfer to a UK registered pension scheme [this includes transfers to a deferred annuity contract, i.e.: 'Section 32 Buy-Out policy'].

Section 1 - Details about the new [receiving] scheme [To be completed by the receiving scheme or insurance company or we can accept this information in the receiving scheme or insurance company's format]

A] Full name of receiving scheme [enter member's name where the transfer is to a deferred annuity contract]:

The above pension scheme has been registered by HM Revenue & Customs, or has acquired registered status by virtue of being a deferred annuity contract or an approved pension scheme on 5 April 2006, under Chapter 2

Part 4

of the Finance Act 2004.

B] Is the registered pension scheme fully insured? YES / NO

C] HMRC approval number of the receiving scheme: SF _____

Or

HMRC Pension Scheme Tax Reference number: PSTR _____

[Note: The above approval numbers are not required where the transfer is to a deferred annuity contract]

D] Is the receiving scheme contracted-out of S2P [formerly SERPS]? YES / NO

[If YES, please complete the following]

If the receiving scheme is a Contracted Out Money Purchase [COMP] or Contracted Out Salary Related

[COSR] scheme please provide the ECON / SCON number.

ECON E _____

SCON S _____

If the receiving scheme is an Appropriate Personal Pension Plan [APP] please provide the ASCN number.

ASCN A _____



E] Is the registered pension scheme permitted to receive this transfer value, and will it meet the minimum acceptance requirements?

YES / NO

F] How is the transfer to be paid? ☐ Electronic funds transfer

[Please tick appropriate box] [Please complete Section G]

☐ Cheque

[Please complete Section H]

G] Bank account number: _____

Account name: _____

Sort code: _____

Payment reference: _____

[If this is not provided we will send the payment quoting the member's name, NI No and your policy reference, if known]

H] Make the transfer value cheque

payable to: [See note below] _____

Address to send cheque to: _____

Reference / Contact Name: _____

Notes

Where the registered pension scheme is fully insured, Friends Life will only make payment to the receiving Insurance Company. If the scheme is not fully insured, payment will be made to the trustees.

We confirm that the details provided are correct and we are willing to accept the transfer.


Signature: _____ Date: _____

Print name: _____ Title: _____



Section 2 - Members Declaration [to be completed by the member or we can accept the receiving scheme or insurance company's application form as member's authority]

I hereby instruct Friends Life to make the transfer payment detailed above and understand that continued membership of the scheme, or rejoining the scheme, is not permitted once the transfer has been made. As such I accept that no further contributions can be made and I confirm that the information given is correct. I understand that once I have transferred out of my current scheme, my membership of that scheme finishes and I will lose all benefits in that scheme, including any death benefits and dependants' pensions.

Member's signature:  Date: 30/Dec/2014 .

Print name: JOHN STEPHEN MADDISON