

Mrs Marz Sholanke 39 Liskeard Way Freshbrook Swindon Wiltshire SN5 8NL

Page 1 of 4

Date of this letter **7 July 2023**

Plan number

F46042/201538

Planholder

Marz Sholanke

0345 602 9221

Open weekdays 8.30am-6.00pm

345 600 0624

Aviva Life & Pensions UK Limited PO Box 1550, Salisbury, SP1 2TW

myaviva.co.uk

Transfer of pension benefits

Dear Mrs Sholanke

Thank you for telling us about your plans to transfer. Enclosed are details of the current transfer value.

What you need to do now

Before transferring these benefits you should consider whether this is the right choice. Please read the following pages which set out some of the things that should be taken into account before transferring.

If you do not understand any terms referred to in the document, further information can be obtained by calling our Customer Contact Centre on the above number.

We are unable to give financial advice, but we are happy to help with any queries you may have. If you would like advice, please contact your financial adviser. If you do not currently have an adviser, you can find one in your area online via **unbiased.co.uk**.

What we need to transfer

In order to proceed with the transfer we will need you to:

- Complete and return the 'transfer discharge form'.
- Ask the new scheme to complete and return the 'receiving scheme transfer declaration form'.
- Provide us with a copy of the new scheme's HMRC registration letter. The pension scheme manager should be able to provide a copy.

We have also enclosed a schedule called 'Information for the receiving pension scheme'. We send these details in an attempt to avoid delays that can be caused by completing other companies' forms. You need to give these details to the company that you wish to transfer to.

If the new provider is registered on OPTIONS (Origo's internet based pension transfer system), the transfer may be able to be done without completing our paperwork. A representative of the new scheme will be able to confirm whether the transfer can be done this way.

Alternatively, we still may be able to transfer the benefits without filling in our transfer forms if the company that you are transferring to sends us their transfer application form. This needs to include both:

- A clear statement, signed by you to transfer the pension benefits from us to the new scheme. This must include all the policy numbers being transferred.
- Details of the scheme you are transferring to, which needs to cover all the information asked for on our form 'Receiving scheme's transfer statement'.

This pack is designed to help with the transfer to a UK registered pension scheme. If you would like to transfer to an overseas pension scheme, please call us so that we can send you the correct forms.

The enclosed document checklist will help to ensure the correct forms required are completed to avoid delays in payment. We will only be able to process this transfer once we have received the correctly completed documents.

The enclosed documents, titled 'Information for the receiving pension scheme' and 'Receiving scheme's transfer statement', are required by the receiving scheme. Please send the documents to them so they can complete and return the 'Receiving scheme's transfer statement' to us.

If you wish to buy an annuity from another pension provider under the open market option these forms are not suitable. Please contact us and we will send you the correct forms.

What will happen next

The receiving scheme will ask you for all the information that they require for the transfer to proceed. The information that they need, and the time taken for them to process the transfer request, will vary between schemes.

When their requirements have been met the receiving scheme will contact us to start the transfer process. If we have everything that we need we will make payment directly to the receiving scheme, usually within **10 to 15** working days, and we will write to tell you that we have made the transfer payment. If anything is missing we'll ask the receiving scheme to send it to us.

If we do not hear from you or the receiving scheme we will assume that you do not want the transfer to go ahead.

Beware of pension scams

Most pension transfers are problem-free, however there are some instances of people being victims of pension scams. It's a legal requirement to check a transfer for signs of a pension scam. Before the transfer can proceed, it must meet one of the following conditions:

- 1. the receiving pension scheme is a master trust or collective money purchase pension scheme authorised by The Pensions Regulator, or a public service pension scheme; or
- 2. there are no warning flags indicating a pension scam. If warning flags are present, you may have to seek transfer guidance from MoneyHelper, a free and impartial service. In some circumstances, your transfer may be stopped to protect your pension savings.

You'll be contacted if there are any concerns about the transfer or if further information is required.

You can find more information on pension scams in the enclosed leaflet produced by The Pensions Regulator and the Financial Conduct Authority or visit **pension-scams.com**.

You can also check **fca.org.uk/scamsmart** to find information about known investment scheme scams.

Page 3 of 4

I hope that this information is useful. If you need any more information or have further questions, please contact us and we will be happy to help. So that we can deal with your queries quickly and efficiently, please quote the reference shown at the top of this letter.

If you change your email or postal address, landline or mobile number, please let us know so that we can update our records to keep in contact with you.

Yours sincerely,

The Aviva Customer Team

These documents are available in other formats.

If you would like a Braille, large print or audio version of this document, please contact us.



2023

Investments

Page 1 of 1

Date of this letter 7 July 2023

Plan number

F46042/201538

Planholder

Marz Sholanke

0345 602 9221

Open weekdays 8.30am-6.00pm

The current transfer value of your fund is:

Plan number	Fund value	AMC adjustment	Transfer value
F46042/201538	£14,079.26	£1.59	£14,077.67

The transfer amount is not guaranteed. You could receive more or less than the amount shown.

Transfer value illustration as at 7 July

An annual management charge (AMC) adjustment applies to this plan, as shown above. This is the monthly AMC due up until the quotation date of 7 July 2023.



Information for the receiving pension scheme

Existing arrangement details

Planholder name	Mrs Marz Sholanke		
Plan number	F46042/201538		
Date of birth	10 January 1982		
	PO Box 1550		
Contact address	Salisbury		
	SP1 2TW		
	New Generation Personal Pension Plan		
Plan type	New Generation Personal Pension Plan		
The scheme is, or is deemed to be, a reg			
The scheme is, or is deemed to be, a reg 2004.	gistered pension scheme in accordance with Part 4 of the Finance Ac 00605818RF		
The scheme is, or is deemed to be, a reg 2004. PSTR number	gistered pension scheme in accordance with Part 4 of the Finance Ac 00605818RF		

The above figures are not guaranteed and will be recalculated before the payment is made.

Information for receiving scheme continued

Additional transfer details

Are any rights resulting from a pension share included?	No
Are drawdown pension funds included?	No
Has any tax-free lump sum been paid in connection with the rights being transferred?	No
Are any of the rights being transferred subject to a pension earmarking or attachment order?	No
Since April 2015, to Aviva's knowledge, have benefits been taken using HM Revenue & Customs flexible access rules triggering the money purchase annual allowance?	No
Will the transfer be part of a block transfer?	No
Can any of the rights being transferred be taken before minimum retirement age?	No
Does any lifetime allowance protection apply to the benefits being transferred?	No



Aviva 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 receiving scheme as indicated.

Document title	Instructions	1		
Transfer discharge form	Fully complete the name and address of the pension provider receiving the transfer payment.			
	This must be fully completed and signed by the planholder.			
Receiving scheme's transfer statement This must be fully completed and signed by an authorised representative of the receiving pension scheme.				
We will only be able to process this transfer once we have received the correctly completed documents.				
Please return your completed forms and documents to:				
Aviva PO Box 1550 Salisbury SP1 2TW				



Data Protection:

How we use the information you provide

To learn about how Aviva processes personal information, please see our privacy policy at aviva.co.uk/ privacypolicy. It's updated from time to time to take account of changes in our business activities, legal requirements and to make sure it's as transparent as possible, so please check back in to see the latest version. A paper copy can be provided on request by writing to Data Protection Team, PO Box 7684, Pitheavlis, Perth, PH2 1JR.

Aviva would like to contact you to tell you about products, services and offers that may be of interest to you. We would like to do this by post, email and phone. You can change your preferences any time by contacting us at 0345 602 9221 (see the privacy policy for more information).

If you would prefer not to be contacted in connection with the marketing of further products and services, and have not already expressed this preference, please get in touch with us at:

Address: Aviva, PO Box 1550, Salisbury, SP1 2TW.

Phone: Call our UK-based Customer Contact Centre on 0345 602 9221 between 8.30am and 6.00pm, Monday to Friday. Call charges may vary, please speak to your network provider for details.

Email: Alternatively, you can go to the 'Contact us' section of our website at www.aviva.co.uk.

Finally, if the information we have about you is correct and up to date, we can provide a better service. You can help by letting us know if any details are incorrect and advising us of any changes in the future.



Transfer discharge form

To be completed by the planholder.				
Plan number(s)	F46042/201538			
Planholder	Mrs Marz Sholanke			
	ts and calculate the transfer value using the unit prices at the date completed, together with any supporting documents. The amount ne figures shown above.			
Any incomplete or missing information will receiving scheme.	l delay both the cancellation of units and the transfer payment to the			

I authorise you to transfer the above plan to:

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

Name of new scheme/pension provider	
Address	
Postcode	
Reference number	
Contact name	
Contact telephone number	
Contact e-mail address	
If you would like to request a partial transfer p	lease provide details in the box below.

Data Protection: How we use the information you provide

To learn about how Aviva processes personal information, please see our privacy policy at aviva.co.uk/ privacypolicy. It's updated from time to time to take account of changes in our business activities, legal requirements and to make sure it's as transparent as possible, so please check back in to see the latest version. A paper copy can be provided on request by writing to Data Protection Team, PO Box 7684, Pitheavlis, Perth, PH2 1JR.

Aviva Life & Pensions UK Limited.

Planholder's declaration

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

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

- I agree to, and request, the transfer of benefits as indicated above.
- 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 above.
- I am the legal owner of the plan and I am legally entitled to instruct you to transfer the value. I have never been adjudged to be bankrupt and there are no court orders 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.
- I understand that if I have any entitlement under the Aviva plan(s) to a protected tax-free lump sum and/or a protected pension age these may be lost upon transfer.

My date of birth is 10 January 1982.

I declare that my date of birth shown and that the statements that I have made are correct and complete.

Planholder's signature	
Name	
Date	

Please provide a telephone number below which we can use to contact you between the hours of 8.30am and 6.00pm, Monday to Friday.

Preferred daytime contact number

Before signing, if you are unsure of any of the terms we have 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/planholder

Planholder name	Mrs Marz Sholanke
Planholder date of birth	10 January 1982
Planholder NI number	SK132007D
Plan number(s)	F46042/201538
Section 2 - Details of receiving schem	e
This document should only be used for a trans	sfer to a UK registered pension scheme.
Full name of receiving scheme/provider	
Your policy number	
HMRC reference (PSTR or SF number)	
Scheme administrator's name	
Scheme administrator's address	
Postcode	
Name of contact (in case of enquiry)	
Telephone number	
Email address	

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.

Additional details			
Is the scheme:			
(i) a non-insured self-administered scheme o	r a self-invested pension plan?	Yes No	_
(ii) an insured scheme?		Yes No	
(iii) a public service pension scheme?		Yes No	_
(iv) a buy-out (deferred annuity) contract?		Yes No	_
(v) a master trust?		Yes No	
(vi) a collective money purchase pension sch	eme?	Yes No	_
If the scheme is an insured scheme, or a bu office insuring the scheme or contract.	y-out contract, we will usually make pa	ayment only to the life	
Section 3 – Payment details			
Please note that if your scheme is fully insured company, in accordance with HMRC requirem the receiving provider or administrator.			
Our preferred method of payment is BACS.			
(a) If you would prefer payment by BACS plea payment to be made.	se provide us with details of the account	into which you would like	
Sort code			_
Account number			_
Account name			
Name of bank			_
Reference number			
(b) If you would prefer payment by cheque, to	whom should the transfer cheque be made	de payable?	
This is the scheme/contract's:	administrator trust	ees insurer	

Transfer statement continued

((c)	Where	should	the ched	que be sent	(complet	te if differen	t from above)?
١	\sim	*****	Jiioata	tile cile	que de sent	COILIPIC	to ii dillololi	t ii oiii abovoj.

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	
Name of signatory	
Contact phone number	
Position/title of signatory	
Date signed	