



**With Compliments**

Circle Line House, 8 East Road, East Wing, Harlow, Essex, CM20 2BJ

**tel:** 01603 268085 **email:** [info@strategicplacements.net](mailto:info@strategicplacements.net) **[www.strategicplacements.net](http://www.strategicplacements.net)**

Strategic Placements Peasedown Limited. Registered in England and Wales.

Company number 07796956. Registered Office: 15 Palace Street, Norwich, Norfolk, United Kingdom, NR3 1RT

## Transfer agreement

### Transfer of all of the cash equivalent or transfer value to an occupational pension scheme

Name of the transferring scheme: Eaton UK Retirement Benefits Plan  
Name of the member: Miss R Lanzoni  
Reference number: 0003743  
Date of birth: 01/01/1968  
Guaranteed transfer value: £43,319.57  
Guarantee end date: 28/05/2014

### To be filled in by the administrators of the receiving occupational pension scheme

Name of the receiving scheme:

Is the receiving scheme currently contracted-out?

Yes ☐

No ☐

If yes, please complete the box below.

Employer's contracted-out number

Scheme's contracted-out number

Date contracted-out employment began:

How any Guaranteed Minimum Pension will be revalued

If No, can the receiving scheme accept contracted-out liabilities?

Yes ☐

No ☐

Cheque to be made out to:

Address and postcode the cheque should be sent to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We will transfer the payment to the receiving scheme's bank or building society account direct.

Please fill in the section below.

### Bank account or building society account

Name of the account: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch address and postcode: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Account number:

--	--	--	--	--	--	--	--

Sort code:

		-			-		
--	--	---	--	--	---	--	--

Roll number: \_\_\_\_\_

**Guarantee**

We confirm that the receiving occupational pension scheme is registered under Chapter 2 of Part 4 of the Finance Act 2004. We confirm the member is a member of the receiving scheme and the sums transferred will be held in connection with that member.

Signature for and on behalf of the administrator of the receiving scheme: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**To be filled in by the member**

I confirm that I have received a statement from the receiving scheme showing the benefits to be awarded in respect of the transfer payment.

Please pay all of my cash equivalent or transfer value under the transferring scheme as a transfer value to the receiving scheme named above. I understand that:

- the payment will be instead of the benefits due, or benefits that would have been due to me or for me as a result of me being a member of the transferring scheme;
- the benefits provided by the receiving occupational pension scheme may be in a different form and of a different amount to those which would have been due under the transferring scheme;
- the Trustees will no longer have to provide benefits to me or for me as a result of me being a member of the transferring scheme;
- unless I have contracted-out benefits in the transferring scheme and the receiving scheme is contracted-out on a salary related basis, there is no statutory requirement on the receiving scheme to provide for survivor's benefits out of the transfer payment; and
- I will protect the Trustees against any costs, claims, demands or expenses which may become due as a result of the payment.

I confirm that my date of birth shown on the first page is correct.

Signature: Renata Lanzoni Date: \_\_\_\_\_

Print name: RENATA LANZONI

## **Eaton UK Retirement Benefits Plan**

### **Transfer-out Trustees authority form**

Name of the member: Miss R Lanzoni

Reference number: 0003743

On behalf of the Trustees/Scheme Administrator of the following arrangement, we give you permission to ask HM Revenue & Customs for any information about the Plan's registration status.

Name of Plan:

Address and post code:

Pension scheme tax reference (PSTR) /  
QROPS reference number:

Name of Scheme Administrator:

Employer contracting-out number:

Scheme contracting-out number:

Signature by, or on behalf of, the Trustees/Scheme Administrator:

Print name: \_\_\_\_\_ Position: \_\_\_\_\_

Scheme Administrator ID no. (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Please return the filled-in form to: Eaton UK Retirement Benefits Plan  
PO Box 545  
Redhill  
RH1 1YX