



Transferring your pension to another scheme application form

Transfer Discharge

To be completed by you

Action required

If you wish to proceed with transferring your Pension Plan, you will need to complete and return the Transfer Discharge form. You will also need to send the Warranty and Undertaking form to the Scheme Administrator of your new Scheme. This will ensure that we have full information about the type of scheme you are transferring to.

Please note that we can only proceed once all of our requirements have been received. At this point and under normal circumstances, the transfer payment should be with your new provider within 15 working days, although we are reliant on the transferring scheme to return the warranty and undertaking.

Please note: It may not be in your interest to transfer to another Pension Provider. In transferring to another pension scheme you should carefully consider:

- if your plan provides for payment of a loyalty bonus (applicable for Life Based 2 to 4 contracts only please refer to your Product particulars for further information), the loyalty bonus will be lost on transfer. This may apply, if contributions have been paid to your pension plan for 10 or more years and you commenced your plan after April 1994
- potential loss of tax efficient benefits (life cover and waiver of premium) with contracts taken out prior to 6 April 2001
- if your plan provides for a protected tax free cash entitlement. You may have this if your transfer into this plan was as part of a block transfer, and it will be lost if you transfer out
- if you have a Stakeholder Pension plan that was set up with a Stakeholder Contribution Protection policy, if you decide to transfer your Stakeholder Pension plan you should cancel your Stakeholder Contribution Protection policy.

All documentation should be returned to:

HSBC Life (UK) Limited
Customer Services Centre
PO Box 6176
Coventry CV3 9HN

All fields must be completed

Your Pension
Plan number(s)

BBP82 OF (9F0G58X000)

1. Your personal details

Sex:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female				
Title:	<input type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	Other (please specify) <input type="text"/>
Surname	RUSSELL					
First name(s)	TORILL CATHERINE					
Home address	36 PETREL WAY, HAWKINGE					
	FOLKESTONE, KENT				Postcode	GT18 7GZ
Work tel. no	<input type="text"/>				Home tel. no	<input type="text"/>
Mobile tel. no	<input type="text"/>				Email	<input type="text"/>
Date of birth	17 02 1948					

2. Reason for transfer

Please tick all that apply:

<input type="checkbox"/> Transfer to employer's pension	<input type="checkbox"/> Taking benefits	<input type="checkbox"/> Poor customer service
<input type="checkbox"/> Improved product	<input type="checkbox"/> Greater fund choice	<input type="checkbox"/> Lack of regular review
<input type="checkbox"/> Lower charges	<input type="checkbox"/> Poor fund performance	<input type="checkbox"/> Consolidation of all my pensions
<input type="checkbox"/> Other <input type="text"/>		

3. Application to transfer to a new scheme/plan

The full transfer value of your Pension Plan(s) will be sent directly to your chosen pension provider.

Name of new Scheme/Plan	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Tel. no	<input type="text"/>		

- I hereby apply for the transfer value of my Pension Plan(s) to be paid to the scheme administrator of the above receiving scheme.
- I understand the amount paid to the receiving scheme will be based on the value of the units held in my HSBC Pension Plan(s) on the day after receipt of all of the fully completed requirements of HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited.
- I understand the amount paid to the receiving scheme will be based on the value of the units held in my Marks & Spencer Pension Plan(s) on the day after receipt of all of the fully completed requirements of HSBC Life (UK) Limited.
- When this transfer has been completed I understand that liability for the rights under my Pension Plan(s) will pass in full from HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited to the above receiving scheme.
- I understand that once the transfer has been completed, I will have no right to reinstate my Pension Plan.
- I authorise HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited (as the case may be) to provide any relevant information to the receiving scheme to enable completion of the transfer of my Pension Plan(s).

Signature:	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please note that we can only proceed if this form has both an original signature and is dated correctly.

Warranty and Undertaking

To be completed by the Administrators of your new scheme

All fields must be completed

Customer name

Date of birth

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Pension Plan number(s)

Scheme/plan details

New scheme number/policy number

Pension scheme Tax Reference (if applicable)

Is the customer taking retirement benefits immediately?

☐

Yes

☐

No

Type of scheme – please tick

A) A Personal Pension Scheme

☐

B) A Stakeholder Pension Scheme

☐

C) A Retirement Annuity Contract

☐

D) A Free Standing Additional Voluntary Contribution Scheme

☐

E) Buy Out or Section 32(A) plan

☐

F) A Money Purchase Retirement Benefit Scheme

☐

G) A Final Salary Retirement Benefit Scheme

☐

H) A Relevant Statutory Scheme

☐

I) Self-Invested Personal Pension (SIPP)

☐

J) Small Self-Administered Scheme (SSAS)

☐

ECON number (if applicable):

Payment Details

Please indicate

Payment to your account ☐ Cheque ☐

Please provide bank account details to enable the settlement to be issued directly to the nominated bank account.

Details to allow payment to the new provider from HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited.

Plan number:	<input type="text"/>	
Name of bank	<input type="text"/>	
Bank address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Sort code	<input type="text"/>	Account number <input type="text"/>
Account/payee name	<input type="text"/>	

Declaration

I declare that the answers I have given are not misleading, and are true, accurate and complete. I have attached confirmation of the transfer request (eg, a copy of our application form).

I declare that the receiving scheme is a UK Registered Pension Scheme.

I understand that the provider of the above Pension Plan, being HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited (as the case may be) is discharged from all liabilities relating to this Pension Plan on completion of the transfer.

Signed for/on behalf of
the Trustees/Scheme
Administrator of the
receiving scheme

Print full name

Date

Position within
company:

Please note that we can only proceed if this form has both an original signature and is dated correctly.

Notes

- This information has been requested in response to HM Revenue & Customs measures aimed at combating the misuse of pension transfers.
- We will be unable to complete any transfer request without the information requested on this form.
- Transfer payments will only be made payable to Life Offices or Trustees/Scheme Administrators as appropriate.
- HM Revenue & Customs rules prevent us from making transfer payments to, or via, third parties (including independent brokers or financial advisers).



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Issued by **HSBC Life (UK) Limited**
PO Box 6176, Country CV2 9HN



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Action required

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- potential loss of tax efficient benefits (life cover and waiver of premium) with contracts taken out prior to 6 April 2001
- if your plan provides for a protected tax free cash entitlement. You may have this if your transfer into this plan was as part of a block transfer, and it will be lost if you transfer out
- if you have a Stakeholder Pension plan that was set up with a Stakeholder Contribution Protection policy, if you decide to transfer your Stakeholder Pension plan you should cancel your Stakeholder Contribution Protection policy.

All documentation should be returned to:

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Customer Services Centre
PO Box 6176
Coventry CV3 9HN

All fields must be completed

Your Pension
Plan number(s)

055221Q200

1. Your personal details

Sex:

☐

Male

☒

Female

Title:

☐

Mr

☒

Mrs

☐

Miss

☐

Ms

☐

Dr

Other (please specify)

Surname

RUSSELL

First name(s)

TORILL CATHERINE

Home address

36 PERREL WAY, HAWKINGE,
FOLKESTONE, KENT

Postcode

CT18 7GZ

Work tel. no

Home tel. no

Mobile tel. no

Email

Date of birth

11/02/1948

2. Reason for transfer

Please tick all that apply:

<input type="checkbox"/> Transfer to employer's pension	<input type="checkbox"/> Taking benefits	<input type="checkbox"/> Poor customer service
<input type="checkbox"/> Improved product	<input type="checkbox"/> Greater fund choice	<input type="checkbox"/> Lack of regular review
<input type="checkbox"/> Lower charges	<input type="checkbox"/> Poor fund performance	<input type="checkbox"/> Consolidation of all my pensions
<input type="checkbox"/> Other <input type="text"/>		

3. Application to transfer to a new scheme/plan

The full transfer value of your Pension Plan(s) will be sent directly to your chosen pension provider.

Name of new Scheme/Plan	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
	<input type="text"/>	
Tel. no	<input type="text"/>	

- I hereby apply for the transfer value of my Pension Plan(s) to be paid to the scheme administrator of the above receiving scheme.
- I understand the amount paid to the receiving scheme will be based on the value of the units held in my HSBC Pension Plan(s) on the day after receipt of all of the fully completed requirements of HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited.
- I understand the amount paid to the receiving scheme will be based on the value of the units held in my Marks & Spencer Pension Plan(s) on the day after receipt of all of the fully completed requirements of HSBC Life (UK) Limited.
- When this transfer has been completed I understand that liability for the rights under my Pension Plan(s) will pass in full from HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited to the above receiving scheme.
- I understand that once the transfer has been completed, I will have no right to reinstate my Pension Plan.
- I authorise HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited (as the case may be) to provide any relevant information to the receiving scheme to enable completion of the transfer of my Pension Plan(s).

Signature:

Date

Please note that we can only proceed if this form has both an original signature and is dated correctly.

Warranty and Undertaking

To be completed by the Administrators of your new scheme

All fields must be completed

Customer name

Date of birth

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Pension Plan number(s)

Scheme/plan details

New scheme number/policy number

Pension scheme Tax Reference (if applicable)

Is the customer taking retirement benefits immediately?

☐

Yes

☐

No

Type of scheme – please tick

A) A Personal Pension Scheme

☐

B) A Stakeholder Pension Scheme

☐

C) A Retirement Annuity Contract

☐

D) A Free Standing Additional Voluntary Contribution Scheme

☐

E) Buy Out or Section 32(A) plan

☐

F) A Money Purchase Retirement Benefit Scheme

☐

G) A Final Salary Retirement Benefit Scheme

☐

H) A Relevant Statutory Scheme

☐

I) Self-Invested Personal Pension (SIPP)

☐

J) Small Self-Administered Scheme (SSAS)

☐

ECON number (if applicable):

Payment Details

Please indicate

Payment to your account ☐ Cheque ☐

Please provide bank account details to enable the settlement to be issued directly to the nominated bank account.

Details to allow payment to the new provider from HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited.

Plan number:		
Name of bank		
Bank address		
		Postcode
Sort code		Account number
Account/payee name		

Declaration

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I declare that the receiving scheme is a UK Registered Pension Scheme.

I understand that the provider of the above Pension Plan, being HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited (as the case may be) is discharged from all liabilities relating to this Pension Plan on completion of the transfer.

Signed for/on behalf of
the Trustees/Scheme
Administrator of the
receiving scheme

--

Print full name

--

Date

--

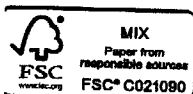
Position within
company:

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PO Box 6176
Coventry CV3 9HN

All fields must be completed

Your Pension
Plan number(s)

0552210000

1. Your personal details

Sex:

☐ Male ☒ Female

Title:

☐ Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Dr Other (please specify)

Surname

RUSSELL

First name(s)

TORILL CATHERINE

Home address

36 PETREL WAY, HAWKINGE,
FOLKESTONE, KENT

Postcode CT18 7GZ

Work tel. no

Home tel. no

Mobile tel. no

Email

Date of birth

11/02/1948

2. Reason for transfer

Please tick all that apply:

<input type="checkbox"/> Transfer to employer's pension	<input type="checkbox"/> Taking benefits	<input type="checkbox"/> Poor customer service
<input type="checkbox"/> Improved product	<input type="checkbox"/> Greater fund choice	<input type="checkbox"/> Lack of regular review
<input type="checkbox"/> Lower charges	<input type="checkbox"/> Poor fund performance	<input type="checkbox"/> Consolidation of all my pensions
<input type="checkbox"/> Other <input type="text"/>		


3. Application to transfer to a new scheme/plan

The full transfer value of your Pension Plan(s) will be sent directly to your chosen pension provider.

Name of new Scheme/Plan	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Tel. no	<input type="text"/>	

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- I understand the amount paid to the receiving scheme will be based on the value of the units held in my HSBC Pension Plan(s) on the day after receipt of all of the fully completed requirements of HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited.
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- When this transfer has been completed I understand that liability for the rights under my Pension Plan(s) will pass in full from HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited to the above receiving scheme.
- I understand that once the transfer has been completed, I will have no right to reinstate my Pension Plan.
- I authorise HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited (as the case may be) to provide any relevant information to the receiving scheme to enable completion of the transfer of my Pension Plan(s).

Signature:



Date

3 1 1 0 7 2 0 1 3

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Warranty and Undertaking

To be completed by the Administrators of your new scheme

All fields must be completed

Customer name

Date of birth

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

Pension Plan number(s)

Scheme/plan details

New scheme number/policy number

Pension scheme Tax Reference (if applicable)

Is the customer taking retirement benefits immediately?

☐ Yes ☐ No

Type of scheme – please tick

A) A Personal Pension Scheme

☐

B) A Stakeholder Pension Scheme

☐

C) A Retirement Annuity Contract

☐

D) A Free Standing Additional Voluntary Contribution Scheme

☐

E) Buy Out or Section 32(A) plan

☐

F) A Money Purchase Retirement Benefit Scheme

☐

G) A Final Salary Retirement Benefit Scheme

☐

H) A Relevant Statutory Scheme

☐

I) Self-Invested Personal Pension (SIPP)

☐

J) Small Self-Administered Scheme (SSAS)

☐

ECON number (if applicable):

Payment Details

Please indicate

Payment to your account ☐ Cheque ☐

Please provide bank account details to enable the settlement to be issued directly to the nominated bank account.

Details to allow payment to the new provider from HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited.

Plan number:	<input type="text"/>	
Name of bank	<input type="text"/>	
Bank address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account/payee name	<input type="text"/>	

Declaration

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I declare that the receiving scheme is a UK Registered Pension Scheme.

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Signed for/on behalf of
the Trustees/Scheme
Administrator of the
receiving scheme

Print full name

Date

Position within
company:

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