

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)	BBP820F (9F0G58x000)
1. Your personal	
Sex:	Male X Female
itle:	Mr Mrs Miss Dr Other (please specify)
Gurname	RUSSELL
irst name(s)	TORILL CATHERINE
ome address	36 PETREL WAY, HAWKINGE
Į	FOLKESTONE, KENT Postcode GT18 7GZ
Vork tel. no	Home tel. no
lobile tel. no	Email
ate of birth	1170121191418

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y :		
yer's pension	Taking benefits	Poor customer service
	Greater fund choice	Lack of regular review
	Poor fund performance	Consolidation of all my pensions
transfer to a new s	scheme/plan I be sent directly to your chosen pen	nsion provider.
	F	Postcode
of all of the feceiving scipt of all of the fully complet and paid to the receiving sold day after receipt of all of the seen completed I undersold/HSBC Trust Company (UK) I imited/HSBC Trust (UK) I imited/HSBC I imited	heme will be based on the value of the ded requirements of HSBC Life (UK) Listed requirements of the value of the fully completed requirements of H stand that liability for the rights under UK) Limited to the above receiving sompleted, I will have no right to reinst	ne units held in my HSBC Pension Plan(s) imited/HSBC Trust Company (UK) Limited. ne units held in my Marks & Spencer ISBC Life (UK) Limited. r my Pension Plan(s) will pass in full from cheme.
to show completion of	The transfer of my Pension Plan(s).	ate
	ransfer value of my Pension ant paid to the receiving so to of all of the fully complet ant paid to the receiving so day after receipt of all of the seen completed I under d/HSBC Trust Company (UK) I imited/HSBC Trust (UK) I imited/HSBC I	yer's pension Taking benefits Greater fund choice Poor fund performance transfer to a new scheme/plan f your Pension Plan(s) will be sent directly to your chosen per

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 immedi	ately? Yes No
Type of scheme – please tick	
A) A Personal Pension Scheme	
B) A Stakeholder Pension Scheme	
C) A Retirement Annuity Contract	
A Free Standing Additional Voluntary Contribution	on Scheme
Buy Out or Section 32(A) plan	
A Money Purchase Retirement Benefit Scheme	
A Final Salary Retirement Benefit Scheme	
A Relevant Statutory Scheme	
Self-Invested Personal Pension (SIPP)	
) Small Self-Administered Scheme (SSAS)	
CON number (if applicable)	

Payment Details	
Please indicate	
Payment to your accor	unt Cheque
	, -
Details to allow payme	account details to enable the settlement to be issued directly to the nominated bank account.
Dotails to allow payme	ent 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	
I declare that the answ of the transfer request	ers I have given are not misleading, and are true, accurate and complete. I have attached confirmation (eg, a copy of our application form).
I declare that the receive	ring scheme is a UK Registered Pension Scheme
I understand that the pr	rovider of the above Pension Plan, being HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited (as charged 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	e can only proceed if this form has both an original signature and is dated correctly.
Notes	5 - 5 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
This information has to the misuse of negative.	peen requested in response to HM Revenue & Customs measures aimed at combating

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- 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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ISBC Life (UK) Limited is incorporated in England and is a company limited ny shares. HSBC Life (UK) Limited is authorised and regulated by the inancial Services Authority (Registration number 133435) and is a member of the Association of British Insurers. Registered Office: 8 Canada Square, ondon E14 5HQ. Registered in England (United Kingdom) number 88695.



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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)	0552210200
1. Your personal	details
Sex:	Male X Female
litle:	Mr Mrs Miss Dr Other (please specify)
Surname	PUSSELL
First name(s)	TORILL CATHERINE
dome address	36 PETREL WAY, HAWKINGE,
	FOLKESTONE, KENT Postcode CT18 762
Vork tel. no	Home tel. no
Mobile tel. no	Email
ate of birth	117012119148

2. Reason for tra	ınsfer					
Please tick all that apply	r:					
Transfer to employ	er's pension		Taking benefits			Poor customer service
Improved product		<u></u>	Greater fund choice	Ĺ		Lack of regular review
Lower charges		<u> </u>	Poor fund performance			Consolidation of all my pension
Other						porision.
3. Application to The full transfer value of Name of new Scheme/Plan	transfer to a new s your Pension Plan(s) will	be s	eme/plan ent directly to your chosen p	pension pr	ovic	ler.
Address						
				Postcoo	ie L	
Tel. no						
 I understand the amour Pension Plan(s) on the When this transfer has HSBC Life (UK) Limited I understand that once I authorise HSBC Life (IIII) 	to the receiving scr t of all of the fully complete nt paid to the receiving sch day after receipt of all of the been completed I unders d/HSBC Trust Company (U the transfer has been cor UK) Limited/HSBC Trust C	neme ed re neme ne ful stand JK) Li mplet	will be based on the value of the completed requirements of that liability for the rights unimited to the above receiving ted. I will have no right to reight	of the units in the units of the units of HSBC Linder my Personal scheme.	hel HSE hel fe (L	d in my HSBC Pension Plan(s) BC Trust Company (UK) Limited. d in my Marks & Spencer JK) Limited. on Plan(s) will pass in full from
Signature:	can only process.			Date	 	

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 imme	ediately? 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 Contribu	ution Scheme
E) Buy Out or Section 32(A) plan	
F) A Money Purchase Retirement Benefit Scher	me
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 accou	
Please provide bank acc	count details to enable the settlement to be issued directly to the nominated bank account.
Details to allow paymer	nt 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	
I declare that the answe of the transfer request (rs I have given are not misleading, and are true, accurate and complete. I have attached confirmation eg, a copy of our application form).
I declare that the receivi	ng scheme is a UK Registered Pension Scheme
understand that the pro	ovider of the above Pension Plan, being HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited (as harged from all liabilities relating to this Pension Plan on completion of the transfer.
Signed for/on behalf of the Trustees/Scheme	
Administrator of the	
eceiving scheme	
Print full name	
Date	
Position within	
ompany:	
Please note that we	can only proceed if this form has both an original signature and is dated correctly.
lotes	
	een requested in response to HM Revenue & Customs measures aimed at combating transfers.
We will be unable to co	omplete any transfer request without the information requested on this form

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All fields must be completed				
Your Pension Plan number(s)	0552210000			
1. Your personal	details			
Sex:	Male Female			
Title:	Mr X Mrs Miss Dr Other (please specify)			
Surname	RUSSELL			
First name(s)	TORILL CATHERINE			
Home address	36 PETREL WAY, MAWKINGE,			
	FOLKESTONE, KENT Postcode CT 18 7 GZ			
Work tel. no	Home tel. no			
Mobile tel. no	Email			
Date of birth	117012119148			

2. Reason for tra	ansfer			
Please tick all that apply	y:			
Transfer to emplo	yer's pension	Taking benefits		Poor customer service
Improved product	:	Greater fund choice		Lack of regular review
Lower charges		Poor fund performance		Consolidation of all my pension:
Other				
	o transfer to a new soft your Pension Plan(s) will	scheme/plan I be sent directly to your chose	n pension prov	rider.
Scheme/Plan				
Address				
			Postcode	
Tel. no				
 I hereby apply for the t 	transfer value of my Pension	n Plan(s) to be paid to the scheme	administrator o	f the above receiving scheme
• I understand the amo	unt paid to the receiving so	cheme will be based on the valu	e of the units h	reld in my HSBC Pension Plan(s) SBC Trust Company (UK) Limited.
 I understand the amo Pension Plan(s) on the 	ount paid to the receiving so e day after receipt of all of	cheme will be based on the valu the fully completed requiremen	ie of the units h ts of HSBC Life	neld in my Marks & Spencer (UK) Limited.
 When this transfer has HSBC Life (UK) Limit 	as been completed I under ed/HSBC Trust Company (rstand that liability for the right: (UK) Limited to the above recei	s under my Pen ving scheme.	sion Plan(s) will pass in full from
 I understand that one 	ce the transfer has been co	ompleted, I will have no right to	reinstate my F	
 I authorise HSBC Life to the receiving sche 	(UK) Limited/HSBC Trust me to enable completion (Company (UK) Limited (as the of the transfer of my Pension F	case may be) to lan(s).	provide any relevant information
Signature:	Inc	ll	Date 31	1072013

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)	
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B) A Stakeholder Pension Scheme	
C) A Retirement Annuity Contract	
D) A Free Standing Additional Voluntary Contril	oution Scheme
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J) Small Self-Administered Scheme (SSAS)	
ECON number (if applicable):	

Payment Details	
Please indicate	
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Please provide bank ac	count details to enable the settlement to be issued directly to the nominated bank account.
Details to allow payme	nt to the new provider from HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited.
Plan number:	and a supporty (only Elimited.
Name of bank	
Bank address	
_	Postcode
Sort code	Account number
Account/payee name	
Declaration	
I declare that the received understand that the pro-	ers I have given are not misleading, and are true, accurate and complete. I have attached confirmation (eg, a copy of our application form). ing scheme is a UK Registered Pension Scheme. ovider of the above Pension Plan, being HSBC Life (UK) Limited/HSBC Trust Company (UK) Limited (as charged 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:	

Notes

- This information has been requested in response to HM Revenue & Customs measures aimed at combating the misuse of pension transfers.
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