

## Declaration Discharge and Indemnity (Form U)

<b>Policyholder name:</b>	Nazia Behrens
<b>Aegon policy number:</b> (the "Policy")	TVOUT-251709
<b>Receiving scheme:</b>	Reptail Pension Scheme

In this Declaration Discharge and Indemnity form "I"/"me"/"my" means the policyholder named above and "you"/"your" means Aegon (a trading name of Scottish Equitable plc).

I confirm I have read your letter dated <sup>15/12/21</sup> ~~<Date>~~ sent with this form and also your previous email/letter dated <sup>15/12/21</sup> ~~<Date of earlier letter>~~ along with the additional information published by The Pensions Regulator about pension scams supplied with it.

I also confirm the following:

Reptail Pension Scheme

- I still wish to proceed with the transfer to ~~<insert scheme name>~~.
- I have been recommended by you to seek and obtain independent financial advice from a financial adviser authorised by the Financial Conduct Authority (FCA). If the value of my safeguarded benefits (benefits other than money purchase or cash balance benefits) exceeds £30,000, then I am aware I must take advice.

Tick the box that applies

- I have not obtained financial advice

☒

- I have obtained financial advice from:

☐

.....  
(insert name of financial adviser)

.....  
(insert adviser's FCA Registration Number)

- You asked me to contact The Pensions Advisory Service (TPAS) for free, impartial guidance on the risks of pension scams.

Tick the box that applies

- I did not contact TPAS

☒

- I contacted TPAS on .....  
(insert date here) and I fully acknowledge and

☐

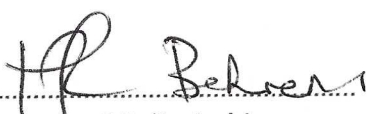
accept the risks that were explained to me.


- I am aware of the risk that, following the transfer, my funds may be invested in alternative higher risk assets and this is my responsibility.
- I acknowledge that you have a statutory obligation to report certain transfers to HM Revenue & Customs (HMRC) and that you will carry out that obligation.

- I acknowledge that if I access any of the transferred funds before the age of 55 (except in limited circumstances of ill-health) this will result in an unauthorised payment under tax legislation. I will be required to declare this to HMRC and will be personally liable to pay tax and other charges, normally totalling 55% of any such unauthorised payment. I agree to settle such charges from my personal assets. If I fail to declare an unauthorised payment to HMRC, I may be charged further penalties.
- I am aware that when accessing any of the transferred funds the maximum that can normally be paid tax free is 25%.
- I hereby indemnify you in respect of any additional tax and/or sanction charges that may be levied upon you in relation to this transfer.
- I fully discharge you from your obligation to provide any benefits to me or my beneficiaries if the transfer is paid.
- I hold you harmless from and against all actions, claims, demands, liabilities, damages, costs, losses or expenses (including without limitation, consequential losses, loss of profit, loss of reputation and all interest, penalties, legal and other professional costs and expenses) from any source, resulting from my decision to proceed with my transfer request.
- Any information provided about me by the receiving scheme/my adviser has been verified by me as factual and correct and you are in no way responsible for any quotation or any literature issued by the receiving scheme/my adviser.

IN WITNESS WHEREOF these presents are subscribed by the policyholder named above  
at 62 QUEEN'S GATE LONDON (town) on the 4th (date) day  
of FEBRUARY (month) Two Thousand and 23 (year)

before the undernoted witness:

  
Signature of Policyholder

  
Signature of Witness

MARI MARINEZ  
Name of Witness

11, St. ST PHANE  
Garden's

SW15 2RR  
Address of Witness

Beautician.  
Occupation of Witness