**Friends Life Limited**
PO Box 1550, Milford, Salisbury, SP1 2TW
Telephone 0845 6029221 Fax 0845 6000624

# Transfer Out Authority Form

## Sun Valley Salaried Defined Contribution Retirement and Death Benefits Scheme

Details of member: Mr Jonathan Julian Wheeler — Member reference: F56097/28

National Insurance number: — Date of birth: 21/02/1973

**This Transfer-Out Authority form should only be used in respect of a transfer to a UK registered pension scheme [this includes transfers to a deferred annuity contract, i.e.: Section 32 Buy-Out policy].**

**For investment only cases, only complete Section 1 [A, F and G or H] and Section 2. For all other cases the Authority Form must be completed in full.**

**Section 1 - Details about the new [receiving] scheme** [To be completed by the receiving scheme or insurance company]

**A]** Full name of receiving scheme [enter member's name where the transfer is to a deferred annuity contract]:

_____

_____

The above pension scheme has been registered by HM Revenue & Customs, or has acquired registered status by virtue of being a deferred annuity contract or an approved pension scheme on 5 April 2006, under Chapter 2 Part 4 of the Finance Act 2004.

**B]** Is the registered pension scheme fully insured? **YES / NO**

**C]** HMRC approval number of the receiving scheme: **SF** _____

**Or**

HMRC Pension Scheme Tax Reference number: **PSTR** _____

**[Note: The above approval numbers are not required where the transfer is to a deferred annuity contract]**

**D]** Is the registered pension scheme permitted to receive this transfer value, and will it meet the minimum acceptance requirements?

**YES / NO**

**E]** How is the transfer to be paid?
[Please tick appropriate box]

[ ] Electronic funds transfer
[Please complete Section F]

[ ] Cheque
[Please complete Section G]

F] Bank account number: _____

Account name: _____

Sort code: _____

G] Make the transfer value cheque payable to: [See note below] _____

Address to send cheque to: _____

_____

_____

_____

_____

Reference / Contact Name: _____

**Notes**

Where the registered pension scheme is fully insured, Friends Life will only make payment to the receiving Insurance Company. If the scheme is not fully insured, payment will be made to the trustees.

**Section 2 - Declaration**

I hereby instruct Friends Life to make the transfer payment detailed above and understand that continued membership of the scheme, or rejoining the scheme, is not permitted once the transfer has been made. As such I accept that no further contributions can be made and I confirm that the information given is correct. I understand that once I have transferred out of my current scheme, my membership of that scheme finishes and I will lose all benefits in that scheme, including any death benefits and dependants' pensions.

Member's signature: _____ Date: _____

Print name: _____

Signature of the trustee: _____ Date: _____

Print name: _____

Where the company acts as trustee, we require the signature of one director or the company secretary. If the scheme has individual trustees, we will accept the signature of one of them. However, the trustees signature must not be that of the transferring member.

For deferred annuity contract policies, policies that have been assigned to the individual member or schemes that have been made direct obligation of Friends Life, only the member's signature is required.

**OCCUPATIONAL PENSION SCHEME TRANSFER DECLARATION FORM**

**In respect of: MR J J WHEELER NI Number: NZ173392B**

To: The Trustees of Princes Pension Scheme

c/o the address at the top of the covering letter.

In consideration of the transfer of the sum of £ 23787.00 in respect of the above named, the Trustees of _____
(hereinafter called "the Receiving Scheme") hereby confirm and undertake as follows:

[The Receiving Scheme is a registered pension scheme under section 153 of the Finance Act 2004]*

**Evidence of registration by Her Majesty's Revenue & Customs (HMRC) must be attached.**

[The Receiving Scheme is an insured scheme]*

The above named has been admitted to membership of the Receiving Scheme and in respect of the transfer payment will be entitled to such benefits as shall be agreed between the member and the Trustees of the Receiving Scheme.

[We undertake to treat part of the benefit provided under the Receiving Scheme (being not less than £0.00 per annum) as "equivalent pension benefits" for the purposes of the National Insurance Act 1965 in respect of contracted-out employment between and . In the event of a subsequent transfer to another Scheme we undertake to obtain a similar undertaking from such Scheme's Trustees and agree to indemnify you and the employer concerned against any claims or demands in respect of such equivalent pension benefits.]*

[We undertake to treat £ 0.00 per annum as "guaranteed minimum pension", for the purposes of the Pension Schemes Act 1993. The guaranteed minimum pension will be revalued [in line with section 148 orders] [at fixed rate] [at limited rate]*.

We undertake that any transfer benefits provided in respect of contracted-out employment from 6 April 1997 will be in the same form as those provided for our scheme's own contracted-out members.*

The member is/is not* in contracted-out employment. If not in contracted-out employment, the Receiving Scheme is willing and able to accept any contracted-out liabilities and provide normal benefits instead.

Receiving scheme ECON: Receiving scheme SCON:*

**A copy of the contracting-out certificate must be attached.**

We authorise HMRC to provide Mercer Limited, as the administrators of Princes Pension Scheme, with any information they deem necessary in their investigation of the registration status of .

The HMRC reference number of is _____.

The name of the principal employer and company registration number is

_____.

Name of the Scheme Administrator for the purposes of Section 270 of the Finance Act 2004:

_____

Scheme Administrator ID as provided by HMRC:

_____

Signature(s): _____ Date: _____

Full name(s) of authorised signatory(s):

_____

Position of authorised signatory(s):

_____

*delete as appropriate

## PERSONAL PENSION SCHEME TRANSFER DECLARATION FORM

**TRANSFERRING SCHEME DETAILS:**

Name of Trustees: The Trustees of the Princes Pension Scheme

Address of Trustees: c/o the address at the top of the covering letter.

Member's Full Name: MR J J WHEELER

National Insurance Number: NZ173392B

Total Transfer Value, not including AVCs, to be paid to the Personal Pension Scheme: £ 23787.00

AVC transfer value (non guaranteed): £ 0.00

**PERSONAL PENSION SCHEME DETAILS:**

Full Name of Personal Pension Scheme Provider: .....

Name of Personal Pension Scheme:.....
(hereinafter called "the Personal Pension Scheme".)

Address of Personal Pension Scheme:.....

.....

Pension Scheme Tax Reference:..... .....

**Evidence of registration by Her Majesty's Revenue and Customs (HMRC) must be attached**

Payee in respect of transfer value:.....
(If the Personal Pension Scheme is underwritten by a Life Office the payment must be made to the Life Office.)

**DECLARATION BY PERSONAL PENSION SCHEME:**

| | TICK BOX |
|---|---|
| 1) The Personal Pension Scheme is a registered pension scheme under section 153 of the Finance Act 2004 | ☐ |
| 2) The Personal Pension Scheme is underwritten by a Life Office | ☐ |
| 3) The Personal Pension Scheme is partly non-insured or no Life Office is involved. | ☐ |

The Personal Pension Scheme is able and willing to accept the Total Transfer Value and will use it to provide money-purchase benefits for and in respect of the member. ☐

The Personal Pension Scheme does not fall within either 2 or 3 above and we therefore authorise HMRC to provide Mercer, as administrators of the Princes Pension Scheme, with any information they deem necessary in their investigation of the registration status of the Personal Pension Scheme.*

**Signed:**..... **date** .....

**Full Name of Authorised Signatory:** .....

**Position of Authorised Signatory:** .....

**Personal Pension Provider's official Stamp:**

* delete as appropriate

# SECTION 32 BUYOUT POLICY TRANSFER DECLARATION FORM

**TRANSFER FROM Princes Pension Scheme**

**To:**

**In respect of MR J J WHEELER** **NI Number: NZ173392B**

We hereby certify that:

1. We are a person who has permission under Part 4 of the Financial Services and Markets Act 2000 to effect or carry out contracts of long-term insurance or

   We are an EEA firm of the kind mentioned in paragraph 5 (d) of Schedule 3 to that Act, which has permission under paragraph 15 of that Schedule (as a result of qualifying for authorisation under paragraph 12 of that Schedule) to effect or carry out contracts of long-term insurance.

2. The policy under which the Transfer payment is to be applied is a registered pension scheme under Section 153 of the Finance Act 2004 or a qualifying recognised overseas pension scheme within the meaning of Section 169 (2) of that Act.

3. The policy under which the cash equivalent is to be applied satisfies the prescribed requirements of the Occupational Pension Schemes (Discharge of Liability) Regulations 1997.

4. We are willing to accept the above person's transfer payment

Our proposal form (completed with the information which you have provided) is attached for your signature.

Authorised Signatory(s):..... date:.....

Full name of Authorised Signatory(s): .....

Position of Authorised Signatory(s): .....

Full name of receiving Insurance Company: .....

Insurance Company's Official Stamp:

## Application to proceed with transfer of benefits

To: The Trustees of Princes Pension Scheme (the pension scheme)

Name of member: MR J J WHEELER

I wish to transfer the value of my benefits to _____ (the receiving arrangement) as an alternative to leaving those benefits, including any statutory right I may have to a guaranteed cash equivalent, in the pension scheme.

Please apply the transfer value* of my benefits in the pension scheme to secure benefits in respect of me in the receiving arrangement. I acknowledge that on payment of the transfer in accordance with my request made by completing and returning this form, duly signed and dated, the trustees will be discharged from all liability to provide any benefits for or in respect of my membership of the pension scheme.

I understand that the benefits eventually payable from the receiving arrangement may be more or less than the benefits that would have been payable in respect of me in the pension scheme.

I acknowledge that the trustees will not be responsible for the amount or type of benefits to be provided by the receiving arrangement in return for the above transfer value*.

I confirm that I am not transferring my benefits to a 'pension liberation' arrangement in order to access my benefits in any way that conflicts with Her Majesty's Revenue & Customs' requirements. I understand that were I to do so, I would be liable for the tax charges that Her Majesty's Revenue & Customs would levy on me. (If you have any concerns that the arrangement into which you are intending to transfer your benefits may be a 'pension liberation' arrangement, please see the Pension Regulator's website at: http://www.thepensionsregulator.gov.uk/regulate-and-enforce/pension-liberation.aspx.)

Where the transfer includes a transfer of GMP and / or section 9 (2B) rights to a contracted in occupational pension scheme or to a personal pension scheme, I confirm that:

I have received a statement from the receiving arrangement showing the benefits to be awarded in respect of the transfer payment, and

I accept that the benefits to be provided by the receiving arrangement may be in a different form and of a different amount to those which would have been payable by Princes Pension Scheme and that there is no statutory requirement on the receiving arrangement to provide survivor's benefits out of the transfer payment.

** The transfer value in respect of your benefits in the pension scheme is calculated using methods and bases determined by the trustees, after taking advice from the scheme actuary. It is guaranteed for three months from 25 November 2013, but will be recalculated once the guarantee period has expired, if requested. The amount at the date of transfer may therefore be more or less than the amount originally calculated.*

Signed _____ Date _____

Full name: JONATHAN WHEELER
IN BLOCK CAPITALS PLEASE

FORM 10 – ALL trans – ALL GTEED

MR J J WHEELER NZ173392B
25-NOV-2013

**TRANSFER CHECK LIST**
**Member: MR J J WHEELER**

**Transfer to**

I confirm the following documents are attached :

1. Application to proceed with transfer of benefits Form signed by the member. ☐

2. Declaration Form(s) signed by (Trustees/Insurance Company). ☐

3. Member's original Birth Certificate (and Marriage Certificate if applicable). ☐

4a. The original certificate of benefits sent to the member. ☐

OR

4b. A letter signed by the member confirming the certificate is no longer in their possession. ☐

5. Evidence of registration by HMRC. ☐

6. A copy of the Contracting-out Certificate (if applicable) including the relevant ECON and SCON numbers. ☐

7. Advice Disclaimer (if applicable) ☐

8. Receiving scheme policy / reference number .....

9. Receiving scheme payment details completed below. ☐

Payee: .....

Bank: ..... Branch: .....

Sort Code: ..... Account Number: .....

Reference: .....

**Failure to provide the information requested will result in delays in the transfer**