

Form Q -PENSION SCAMS QUESTIONNAIRE

To be completed by the planholder
IMPORTANT - THIS FORM MUST BE RETURNED TO US BEFORE
THE TRANSFER CAN GO AHEAD – This is for your protection

Scheme Name:

NPLL PP Scheme No 1

Planholder Name:

Mrs Susan Singleton

Plan number(s)

N02646L 000-000

As a pension provider, Phoenix Life has a duty to protect your pension by looking for signs that your pension is being transferred as part of a pension scam. This could be where:

- a pension is being transferred to an arrangement which allows benefits to be transferred out before the minimum age specified by Her Majesty's Revenue and Customs (HMRC), which is 55;
- a new pension provider promises to pay out tax-free cash which is higher than the HMRC limits;
- a pension loan or cash incentive is offered and the information provided to you is misleading;
- you are not sufficiently warned about large tax charges that you will be personally responsible for; and where
- set-up and ongoing charges are not clearly explained.

The fraud risk when transferring your pension plan is high therefore please ensure you read the transfer pack we have provided carefully as it provides further information in relation to pension scams.

As part of our standard process and to help us monitor the security of your pension we need you to answer the following questions – please provide as much information as you can as it will help us with our investigations (*please indicate as applicable):-

Did the new pension provider or any connected party contact you first? (Cold calling by telephone, post, email, text or door to door)

*Yes / ☒ No (if Yes please provide details below)

Will you be receiving any cash payment, bonus or loan from the new pension provider as a result of transferring your benefits?	*Yes / <input checked="" type="radio"/> No (if Yes please provide details below)
How did you hear about the new pension provider?	Please provide details below FAMILY SSAS SET UP BY FOR MY HUSBAND & ME
Have you been told that you can access any part of your pension under the new pension provider before age 55, other than on grounds of ill health?	*Yes / <input checked="" type="radio"/> No / Not applicable - (if Yes please provide details below)
Have you been promised a specific or guaranteed rate of return on your pension under the new pension provider?	*Yes / <input checked="" type="radio"/> No (if Yes please provide details below)
Have you been informed of an investment opportunity in another country outside of the United Kingdom?	*Yes / <input checked="" type="radio"/> No (if Yes please provide details below)
Please provide details of any other information you believe is relevant to the above questions:	

Please return this form to us in the pre-addressed envelope provided along with any other documentation as explained in your pension transfer pack. If you do not return this form it may delay your pension transfer.

Phoenix Life
Lynch Wood Park
Lynch Wood
Peterborough
PE2 6FY



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Form D - Transfer Discharge Form

IMPORTANT - Please tick the box if required

- ☐ Before acting upon these instructions, please warn me or my financial adviser (where applicable) if the transfer value has fallen by more than 5% from the figure quoted. I understand that, if this box is ticked and the value falls by more than 5% when the actual transfer is calculated, you will attempt to contact me by telephone on the daytime number provided below. If you are unable to contact me by telephone you will write to me. **I am aware that this will mean my transfer request will not be processed until I instruct Phoenix Life to proceed.**

Please provide a telephone number below which we can use to contact you between the hours of 8:30 and 17:30, Monday to Friday.

Preferred
daytime contact
number:

07885 700223

If your financial adviser is acting on your behalf please tick the box

- ☐ My financial adviser is dealing with my pension transfer on my behalf, I authorise you to act upon their instructions.

Planholder's declaration:

Please read this declaration carefully before signing it. If you believe one or more of the statements are not true in relation to the proposed transfer, and as a result you cannot sign the declaration, the transfer cannot proceed.

In relation to the plan(s) listed above, I hereby declare:

- I agree to, and request, the transfer of benefits as indicated above.
- I understand the transfer value is not guaranteed. It will be recalculated before the payment is made, and may be higher or lower than the amount shown above.
- I am the legal owner of the plan(s) and I am legally entitled to instruct Phoenix Life Assurance Limited to transfer the value. I have never been adjudged to be bankrupt and there are no court orders affecting my plan(s).

- I agree to the amendment of my plan(s), where required, to permit the transfer of benefits requested.
- I agree that full payment by Phoenix Life Assurance Limited of the transfer value in respect of the plan(s) arising from this form, is in discharge of Phoenix Life Assurance Limited's obligation to make payments on the plan(s). For the avoidance of doubt, this discharge shall not prohibit me from raising a claim relating to any act or omission by Phoenix Life Assurance Limited in relation to the plan(s).
- The policy document is enclosed/has been lost (delete as applicable).
- My National Insurance Number is:

WK990146D

(We cannot make payment without this)

Planholder's Signature:

Susan Lucy Singleton

Name:

SUSAN LUCY SINGLETON

Date:

17/8/23

Please remember: The final transfer value may be higher or lower than the amount shown above.

The amount paid in respect of unit-linked or unitised investments will be the value of those investments on the day after we receive all the correctly completed transfer documentation and any additional evidence we may need to ask for.

Before signing, if you are unsure of any of the terms we have used, help is available by calling our Customer Contact Centre.

Please note, if the new agreement is cancelled with the scheme indicated above, Phoenix Life will not reinstate your benefits nor accept back the money transferred.

Form T - Transfer Questionnaire and Declaration

To be sent to and completed by the new pension provider.

WARNING - Failure to fully complete this form will delay payment.

Section 1 - Details of Transferring Scheme /Planholder

Scheme Name:

NPLL PP Scheme No 1

Planholder Name:

Mrs Susan Singleton

Planholder date of birth:

20/04/1957

Planholder NI number:

WK990146D

Plan number(s)

N02646L 000-000

SECTION 2 - Details of Receiving Scheme

Scheme Name:

Singleton Family SSAS

Scheme's HMRC registration or tax approval reference:

00836467RJ

Please send us a copy of your tax approval letter or PSTR confirmation

Scheme administrators name:

RC Administration Limited

Scheme administrators address:
Transfer Questionnaire And Declaration

Address:

1A park Lane,
Poynton
Cheshire

Postcode: SK12 1RD

Name of Contact (in case of enquiry):-

Lisa Welton

Telephone Number:

0330 311 0839

Type of scheme - the scheme is a:
(Please tick the **one** relevant box)

- a) UK registered personal or stakeholder pension scheme. ☐
- b) UK registered occupational pension scheme, or a buy-out (deferred annuity) contract or a public service pension scheme. ☒
- c) Another UK registered pension scheme. ☐
Please provide full details of the scheme.

Contracted out status

Is the scheme able to accept contracted out rights?

☐ Yes

☒ No

If 'Yes', the contracted out reference numbers are:

SCON

S

and

ECON

E

If Guaranteed Minimum Pension is to be provided, it will be revalued at:

%

Additional details

On what basis do benefits accrue in the receiving scheme/arrangement?

Money Purchase ☐

Defined Benefit ☐

If you have ticked (a) or (b) above, is the scheme

(i) A self-administered scheme?

☒ Yes ☐ No

(ii) An insured scheme?

☐ Yes ☐ No

Also, if you have ticked (b) above, is the scheme

(iii) A public service pension scheme as defined in s150(3) FA2004?

☐ Yes ☐ No

(iv) A buy-out (deferred annuity) contract?

☐ Yes ☐ No

If the scheme is an insured scheme, or a buy-out contract, we will usually make payment only to the life office insuring the scheme or contract.

SECTION 3 - Payee Details

a) Would you prefer payment to be made by BACS?

☒ Yes ☐ No

If 'Yes', please provide us with details of the account into which you would like payment to be made, printed on your company's headed paper, and we will consider payment by BACS.

b) If you require payment by cheque, to whom should the transfer cheque be made payable?

This is the ☐ Administrator ☐ Trustees ☐ Insurer ☐ contract's:

If you are neither the scheme's administrator nor trustees, and you are not the scheme's insurer, under what authority do you seek to receive the transfer payment?

c) Where should the cheque be sent?

Name:

Address:

Postcode:

SECTION 4 - Receiving Scheme Declaration

This section is NOT to be completed by the planholder

We hereby declare:

- a) We are willing to accept the transfer payment;
- b) The transfer payment will be used to provide relevant benefits under a UK registered pension scheme, in line with Part 4 of the Finance Act 2004;
- c) The information given in this questionnaire is complete and correct; and
- d) We hereby authorise HM Revenue & Customs to confirm our registered pension scheme status to Phoenix Life

Signed for and on behalf of the receiving scheme:

Please note: Phoenix Life Assurance Limited will not accept the return of the payment should the transfer not proceed.

Authorised signatory:



Name of signatory:

Lisa Welton

Position/Title of signatory:

Administrator

Date signed:

18 August 2023