



## Form I -Information to be sent to the New Pension Provider

## **Existing Arrangement Details**

Plan holder name:

Mrs Susan Singleton

Plan number:

N02646L 000-000

Contact Address:

Lynch Wood Park Lynch Wood Peterborough

PE2 6FY

Plan Type:

Personal Pension Plan

The scheme is, or is deemed to be, a registered pension scheme in accordance with Part 4 of the Finance Act 2004.

IR reference or HMRC PSTR

00605333RT

## Transfer Value as at 16/05/2022

Former protected rights:

£9,141.17

Total non-protected rights:

£0.00

Total transfer value:

£9,141.17

The above figures are not guaranteed, and will be recalculated before the payment is made.

### Additional transfer details Are any rights resulting from a pension share included? No No Are drawdown pension funds included? Has any tax-free cash been paid in connection with the rights No being transferred? Are any of the rights being transferred subject to a pension No earmarking or attachment order? Would block transfer or scheme wind-up rules apply? No Has the planholder flexibly accessed pension rights which No subject them to the money purchase annual allowance?





# Form T - Transfer Questionnaire and Declaration

To be sent to and completed by the new pension provider.	Address:
WARNING - Failure to fully complete this form will delay payment.	Postcode:
Section 1 - Details of Transferring Scheme /Planholder	Name of Contact (in case of enquiry):-
Scheme Name:	
NPLL PP Scheme No 1	Telephone Number:
Planholder Name:	Type of scheme - the scheme is a: (Please tick the one relevant box)
Mrs Susan Singleton	a) UK registered personal or stakeholder pension scheme.
Planholder date of birth: 20/04/1957	b) UK registered occupational pension scheme, or a buy-out (deferred annuity) contract or a public service pension scheme.
Planholder NI number: WK990146D	c) Another UK registered pension scheme.  Please provide full details of the scheme.
Plan number(s)	Contracted out status
N02646L 000-000	Is the scheme able to accept contracted out rights?
	Yes No
SECTION 2 - Details of Receiving Scheme	If 'Yes', the contracted out reference numbers are:
Scheme Name:	3001
	and ECON E
Scheme's HMRC registration or tax approval reference:	If Guaranteed Minimum Pension is to be provided, it will be revalued at:
	%
Please send us a copy of your tax approval letter or PSTR confirmation	Additional details
Scheme administrators name:	On what basis do benefits accrue in the receiving scheme/arrangement?
	Money Purchase Defined Benefit

Scheme administrators address: Transfer Questionnaire And Declaration



	If you have ticked (a) or (b) above, is the scheme	Postcode:
(i)	A self-administered scheme?	SECTION 4 - Receiving Scheme Declaration
	Yes No	This section is NOT to be completed by the
(ii)	An insured scheme?	planholder
	Yes No	We hereby declare:
	Also, if you have ticked (b) above, is the	<ul> <li>a) We are willing to accept the transfer payment;</li> </ul>
(iii)	A public service pension scheme as defined in s150(3) FA2004?	<li>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;</li>
/* · · \	Yes No	<ul> <li>The information given in this questionnaire is complete and correct; and</li> </ul>
(I∨)	A buy-out (deferred annuity) contract?  Yes  No  he scheme is an insured scheme, or a buy-out	d) We hereby authorise HM Revenue & Customs to confirm our registered pension scheme status to Phoenix Life
cor	ntract, we will usually make payment only to elife office insuring the scheme or contract.	Signed for and on behalf of the receiving scheme:
	CTION 3 - ee Details	Please note: Phoenix Life Assurance Limited will not accept the return of the payment should the transfer not proceed.
a)	Would you prefer payment to be made by BACS?	Authorised signatory:
	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.	Name of signatory:
b)	If you require payment by cheque, to whom should the transfer cheque be made payable?	Position/Title of signatory:
		Date signed:
If y	he Insurer Ins	
	at authority do you seek to receive the transfer /ment?  Where should the cheque be sent?	
	ame:	
INC		
Ad	ddress:	