TRANSFER OUT AUTHORITY

Scheme Name:

EDS Retirement Plan

Member Name:

W Murray 3834651

Member Number: 38346

Part 1 – Member Declaration To be completed by the member if the Trustees are requested to pay the transfer value available to a Registered Pension Scheme. A separate authority is required for each transfer if it is split between different Registered Pension Schemes.
To: The Trustees of EDS Retirement Plan
Please pay to the following Registered Pension Scheme
the transfer value of £ I confirm that, on my transfer of benefits to
I will have no further claim on the EDS Retirement Plan.
A photocopy of my birth certificate, passport or driving licence and utility bill is attached for proof of identity.
I confirm that I have read the pension liberation leaflet provided by the transferring scheme. I understand that I will incur a tax charge of 55% of the total transfer payment, on top of any fees charged by the receiving scheme or an agent, if I transfer my pension to a scheme that involves me in a pension liberation fraud.
In addition I confirm that I have received a statement from the receiving scheme showing the benefits to be awarded in respect of the transfer payment, and I accept that: (i) the benefits to be provided by the receiving scheme may be in a different form and of a different amount to those which would have been payable by the EDS Retirement Plan, and (ii) there is no statutory requirement on the receiving scheme to provide for survivor's benefits out of the transfer payment.
Signed (Member): Date:
*Signed (Spouse/Civil Partner): Hurmy Date:
Part 2 – Receiving Scheme Information To be completed on behalf of the Administrator of the Receiving Scheme.
Please advise the following Scheme information:
Name of Registered Pension Scheme and reference/policy number for transferring member
NameReference number
Address of Receiving Scheme
If the Receiving Scheme is willing and able to accept GMPs (without completion of any GMP equalisation indemnity) please provide following information:
Is employee already in contracted-out employment (or actively contributing if an Appropriate Personal/Stakeholder Pension Scheme) Yes/No
Date Contracted-out employment commenced (if applicable)

Scheme Contracted out Number Appro	priate Scheme Contracted Out Number
Employer Contracted out Number (if applicable	e)
	rance company or Administrator recognised by HMRC urer) otherwise name of Scheme Administrator/Trustees
	rance company or Administrator recognised by HMRC erwise name of Scheme Administrator/Trustees to
Payment will be made direct to the Trustees or below:	Insurers bank account so please complete details
Bank Address:	
Post Code:	
Account Name:	
Account Number:	Sort Code:
Signed:(on behalf of the Administrator of Rece	Date:
(or behalf of the Marinibudior of Nece	ining contino).

The co-operative investments

Technical Service centre

PO Box 4363

Churchgate House 56 Oxford Street

MANCHESTER

M61 0EE

Tel:

0845 600 4741

Fax:

08448 007 235

E-mail:

pensionclaims@cfs.coop

Ref:

PPC/Transfers/1452978

Date:

01 September 2014

TRANSFER DISCHARGE FORM

Member:

William Murray

Policy number: 8254814

This policy is a Personal Pension registered with HM Revenue and Customs in accordance with the Finance Act 2004.

The transfer value amounts to £18,945.40, of which £15,757.20 is in respect of protected rights. £13,293.60 is for the tax years 6 April 1989 to 5 April 1997 and £2,463.60 is for the tax years 6 April 1997 to 5 April 2003. No further contributions have been received. Please see the enclosed Product Guide for important information about Protected Rights.

Please see the enclosed Product Guide for important information about Protected Rights.

This assumes premiums are paid up to and including 01 December 1993. Unless this policy has previously been made paid up, any contributions that you are currently paying into this policy will continue to be collected. Should you wish not to continue contributing then please contact us and if applicable cancel your payment instruction.

The value is guaranteed for 30 days from the issue date. If we do not receive a reply within the quarantee period the transfer value may change. This could result in a lower transfer value being available when the transfer occurs.

SECTION ONE (to be completed by the member)

I request that the Co-operative Insurance Society Limited transfer the sum of £18,945.40 to:-						
Name and address of	TJM RETIRE	MENT PL	MA			
accepting scheme and	44 Robertson Crescent, Kers, Wick,					
reference number (if any) Cottoness, Sosdand, KM14xA						
I understand that when the transfer is paid, this policy will be cancelled and the Co-operative Insurance Society Limited will have no further obligation under it. If I have not enclosed my Benefit Schedule(s) (policy document) in this communication I confirm that it will be destroyed by me.						
Signature: plum	w)	Witness:	M Breeze			
Address: HA ROBERT	SON CRESCENT,	Address:	43 Robertson C			
KEISS, WI		-	Keiss, WICK			
Will LVA			Carthooss			

Date:

Date:

Member:

William Murray

Claim number: 1452978

Policy number: 8254814

SECTION TWO (to be completed by the accepting scheme)

This sec	tion should only be completed if you are in a position to accept payment.					
In order	to satisfy the legislative requirements; please confirm (and provide details v	where necessary)				
1.	That your scheme is					
	An Appropriate Personal Pension SchemeScheme registered with HM Revenue and Customs in accordance with the Finance Act 2004.					
	Please provide your ASCN number.					
	a) Is the scheme partially or fully underwritten by a life office?	YES/NO				
	b) If the answer to a) is no, is the scheme provider another financial					
	institution falling within Chapter 2 Part 4 of the Finance Act 2004?	YES/NO				
	If the answer to a) is YES please provide the contact reference, name	e and address				
	of the insurer, if not provided elsewhere:					
	If the answer to b) is YES please provide the contact reference, name	e and address				
	of the scheme administrator, if not provided elsewhere:					
	An Occupational Pension Scheme registered with HM Revenue and Custo accordance with the Finance Act 2004 and the transferee is already a sch who is currently accruing benefits as a result of service as an employee of who has rights from a pension sharing order.	eme member				
	Please state the date of joining/_/					
	a) Is the scheme a small self-administered scheme?	YES/NO				
	b) Is the scheme a large self-administered scheme?	YES/NO				
	c) Is the scheme wholly insured?	YES/NO				
	If the answer to a) is YES please have the pensioneer trustee confirm in	writing that the				
	transfer can proceed and that payment is to go ahead into a SSAS bank a	ccount of which				
	the pensioneer trustee is a mandatory co-signatory. The written confirmati	on should be				
	attached to this form.					
	If the answer to c) is YES please provide the contact reference, name a	nd address				
	of the insurer, if not provided elsewhere:					
	A statutory scheme established under a General Act of Parliament and the already a scheme member who is currently accruing benefits as a result of employee or an ex-spouse who has rights from a pension sharing order.	f service as an				
	Other - if not listed above, please supply details					

The **co-operative** investments

Member:	William	Murray Claim Number: 1452978
		Policy Number: 8254814
	2.	Pension Scheme Tax Reference:
	3.	That you are willing to accept the transfer value quoted in Section One and that you have no and are not intending to opt out of deemed HM Revenue & Customs registration under paragraph 2, Schedule 36 of the Finance Act 2004. If you are willing to accept the transfer value, to whom the cheque should be made payable.
		Max. 25 characters
		The transfer cheque can only be issued direct to the scheme administrators of the accepting scheme. If a life office or other financial institution insures the scheme, the cheque must be made payable, and be sent, to the insurer. Cheques will not be drawn in favour of or be sent to an Independent Financial Adviser.
	4.	That the transfer value will be applied to provide appropriate benefits under your scheme.
	5.	That you understand that on payment by the CIS of the transfer value, the policy will be cancelled and cannot then be reinstated unless we are informed within 30 days from the issue date of our cheque that reinstatement is required. Outside of this period the CIS will consider a request for reinstatement but cannot guarantee that such a request will be accepted, unless this policy is subsequently found to be invalid.
	6.	Where you are an Occupational Pension Scheme, that William Murray has entered employment with an employer who is a contributor to your scheme or is a former member or your scheme.
		AUTHORISATION/DECLARATION
		I/We authorise HM Revenue and Customs to release information, if so requested, to the Co-operative Insurance Society Limited on our HM Revenue and Customs registered status.
		I/We declare that the information given on this form is true and complete to the best of my/our knowledge and belief.
		Authorised Signature Company Stamp
		Muny

Please note that the Society is not prepared to complete any equalisation forms. We can however confirm that there have been no transfers into this policy.