

## TRANSFER OUT AUTHORITY

**Scheme Name:** EDS Retirement Plan  
**Member Name:** W Murray  
**Member Number:** 3834651

### **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): \_\_\_\_\_  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

Name \_\_\_\_\_ Reference 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

\_\_\_\_\_  
Appropriate Scheme Contracted Out Number

\_\_\_\_\_  
Employer Contracted out Number (if applicable)

\*If Receiving Scheme is insured, name of insurance company or Administrator recognised by HMRC (cheques will normally be made payable to Insurer) otherwise name of Scheme Administrator/Trustees to whom payment will be made

\_\_\_\_\_  
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\_\_\_\_\_  
Payment will be made direct to the Trustees or Insurers bank account so please complete details below:

Bank Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code:

\_\_\_\_\_

Account Name:

\_\_\_\_\_

Account Number:

\_\_\_\_\_

Sort Code:

\_\_\_\_\_

Signed:

\_\_\_\_\_  
(on behalf of the Administrator of Receiving Scheme).

Date:

\_\_\_\_\_

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.

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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 guarantee 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 RETIREMENT PLAN  
accepting scheme and 44 Robertson Crescent, Keiss, Wick,  
reference number (if any) Caithness, Scotland, KW14XA

**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: [Signature]  
Address: 44 ROBERTSON CRESCENT,  
KEISS, WICK, CAITHNESS  
KW14XA  
Date: \_\_\_\_\_

Witness: M Breeze  
Address: 43 Robertson Cr  
Keiss, Wick  
Caithness  
Date: KW14XA

Member: William Murray

Claim number: 1452978

Policy number: 8254814

**SECTION TWO (to be completed by the accepting scheme)**

This section 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 where necessary).

1. That your scheme is

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An Appropriate Personal Pension Scheme 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 and address of the insurer, if not provided elsewhere: \_\_\_\_\_

**If the answer to b) is YES** please provide the contact reference, name and address of the scheme administrator, if not provided elsewhere: \_\_\_\_\_

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An Occupational Pension Scheme registered with HM Revenue and Customs in accordance with the Finance Act 2004 and the transferee is already a scheme member who is currently accruing benefits as a result of service as an employee or an ex-spouse who has rights from a pension sharing order.

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 pensioner trustee confirm in writing that the transfer can proceed and that payment is to go ahead into a SSAS bank account of which the pensioner trustee is a mandatory co-signatory. The written confirmation should be attached to this form.

**If the answer to c) is YES** please provide the contact reference, name and address of the insurer, if not provided elsewhere: \_\_\_\_\_

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A statutory scheme established under a General Act of Parliament and the transferee is already a scheme member who is currently accruing benefits as a result of service as an employee or an ex-spouse who has rights from a pension sharing order. Please state the

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Other - if not listed above, please supply details.

