



## Transfer payment instruction

Please return to: Aviva, Norwich BCC, PO Box 520, Norwich, NR1 3RG

Our Reference: P/IP1/NB

Name: A Palmer

Plan Number: SP93003138

IF YOU TRANSFER TO A PERSONAL PENSION OR A PENSION BUY OUT PLAN WITH AVIVA, WE WILL REQUIRE WRITTEN CONFIRMATION FROM YOU, THAT YOU HAVE SOUGHT FINANCIAL ADVICE.

Please make sure that this form is fully completed in BLOCK CAPITALS before returning it to Aviva, to avoid any delay in paying the transfer value.

Payments will be made directly to your chosen pension provider.

Payee:  
(this must be a pension provider)

Department:

Address:

Postcode

Contact Name (if known)

New policy number (if known)



Please pay the transfer value in respect of the above mentioned plan.

I understand that:

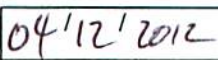
- the amount actually payable may differ from that shown in the illustration for the reasons explained in the transfer section
- once payment has been made for the whole of the plan, Aviva is no longer responsible for the plan
- once payment has been made for part of the plan, Aviva will only be responsible for the rest of the plan
- where any benefits remain with Aviva, liability for these will remain with them

Please make sure this form is fully completed and signed in the box below. This will help us pay your benefits as quickly as possible.

Signature of Planholder:

A handwritten signature in blue ink, appearing to read 'A. Palmer', is written inside a rectangular box.

Date:

A handwritten date '04/12/2012' in blue ink is written inside a rectangular box.



## Transfer out warranty

Please return to: Aviva, Norwich BCC, PO Box 520, Norwich, NR1 3RG

Our Reference: P/IP1/NB

Personal Stakeholder Pension @ Aviva - SP93003138

Member name: Amanda Palmer

## Transferring Scheme Details

Transferring Scheme: Individual Stakeholder

Plan number: SP93003138

Please make sure that this document is fully completed in black ink and BLOCK CAPITALS before returning it to Aviva, to avoid any delay in settling the benefits.

To be completed by the Trustees/Administrator of the receiving scheme/contract.

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## Receiving Scheme details

Always complete

Receiving scheme / contract  
name

Receiving scheme / contract  
number (if known)

Name of bank:

Name in which account is held:

Account number:

Sort  
code:

BACS payment ref:



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## Type of scheme

Please tick only one

☐

**Insured registered scheme (Now complete Section 1)**

A scheme registered (or deemed registered) under Part 4 of the Finance Act 2004.

☐

**Self administered registered scheme (Now complete Section 2)**

A registered scheme where the assets are invested, other than wholly by payment of insurance premiums, by the trustees, an in house investment manager or an external investment manager.

☐

**Buy out e.g. S32 or replacement contract (Now complete Section 3)**

The purchase by trustees of a registered scheme of an insurance policy in the name of the member or other beneficiary, in lieu of entitlement to benefit from the scheme, following termination of the member's Pensionable Service.

☐

**Overseas scheme (Now complete Section 4)**

Further information will be needed. Details will be supplied.

☐

**Retirement Annuity Contract (RAC) (Now complete Section 4)**

☐

**Other (Now complete Section 4)**

☐

**Statutory scheme (Now complete Section 5)**

A scheme (usually in the public sector) established by an Act of Parliament.



**Section 1 - Complete for an insured registered scheme underwritten by a Life Office.**

Receiving scheme HM Revenue & Customs (HMRC) registration / approval reference number

The normal retirement age under the scheme is

Name of the receiving Life Office

Address

Is a copy of the HMRC registration/approval e-mail or letter attached?

Yes

☐

No

☐

Now complete Section 5.

**Section 2 - Complete for a self administered registered scheme**

Receiving scheme HM Revenue & Customs (HMRC) registration / approval reference number

The normal retirement age under the scheme is

Is a copy of the HMRC registration/approval e-mail or letter attached?

Yes

☐

No

☐

**Payment will only be made to you as Scheme Administrator of the Receiving Scheme.**

Now complete Section 5.



# AVIVA

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## Section 3 - Complete for a Buy out

Please send a letter confirming:

- After receiving a transfer payment from this policy, you will issue a policy for the benefit of Mrs Palmer and/or her dependants.
- The policy that will be issued meets the requirements of section 153(8) of the Finance Act 2004. It will also be an appropriate annuity contract under section 19(4) of the Pension Schemes Act 1993.

Now complete Section 5.

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## Section 4 - Complete for an overseas scheme, RAC or Other

Receiving scheme approved by  
(tax authority)

Tax authority reference number

The normal retirement age under  
the scheme is

Now complete Section 5.

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## Section 5 - Declaration on behalf of the receiving scheme

I confirm that the above statements are true. On receipt and acceptance of the transfer, it will be applied to provide benefits for or in respect of the member under the receiving scheme in accordance with the appropriate regulations made under the Pension Schemes Act 1993.

Signed

Position

For and on behalf of the Trustees/Administrators of

Date