



# skandia investment solutions

transfer-out discharge form

For use with the Collective Retirement Account (CRA).

### Form purpose

This form can be used in respect of a CRA to arrange:

- A transfer-out to an eligible Receiving Scheme.
- A transfer to an eligible Receiving Scheme following a Pension Sharing Order.

## Important notes for completion

- Please complete part A or part B, as appropriate.
- Part A of the form must only be completed by the accountholder for a transfer out.
- Part B should only be completed by the former spouse/civil partner\* of the accountholder following a Pension Sharing Order.
- · Part C of the form must be passed to the Receiving Scheme to complete.
- · Please use BLOCK CAPITALS only and blue or black ink.
- Please ensure all applicable sections of the form are completed clearly as missing or unclear information will result in a delay in processing
  or the return of this form.
- A separate form should be completed for each account held.
- This form must be signed as appropriate and sent to the address below, along with HM Revenue & Customs form CA1544 where
  applicable:

Skandia, Skandia House, Portland Terrace, Southampton SO14 7AY

"As defined by the Civil Partnership Act 2004.

## Important Information

Only full transfers-out are permitted. No partial transfers are possible.

### Part A.

rait A.							
1 Persor	nal details						
Title Mr Surname	Mrs	Miss	Other ▶ please specify				
TOO	KMAI	1					
First name							Middle initial(s)
ANN	A						C
Address							
15	SHE	PHER	DS ROA	D			
WAT	FOR:	D					
HER	TS.				Postcode	WDI	87 HU
Date of birth	dd mm yyyy		National Insurance no	umber			
291	04/1	9 6 0	NH 26	48	48 C		
Please enter yo	our client referenc	e number, if know	wn				
Please enter yo	our Collective Ret	irement Account	number				
4 0 0		,					

I hereby request that Skandia MultiFUNDS Assumake payment of the value as an authorised pe	rance Limited release the val	ue of all investments	held under my CF	A specified in	Part A section 1 and
I confirm that I am the accountholder.	insort transfer to the scrience	detailed in Fait C se	ection 1.		
understand that payment of a pension transfer under HM Revenue & Customs rules.	amount can only be made v	here the receiving so	cheme is eligible to	receive a pen	sion transfer paymer
understand that the payment will not take plac Scheme that it is eligible to receive a pension tra	e until Skandia MultiFUNDS / ansfer payment under HM Re	Assurance Limited revenue & Customs ru	ceives satisfactory lles.	assurances fro	om the Receiving
accept that, where applicable, the outstanding MultiFUNDS Assurance Limited. The amount pa	Phased Initial Charge will be aid as a pension transfer payr	deducted from the venent will be net of an	value of the Accour	nt and retained sed investmen	d by Skandia t charge.
accept that the amount of transfer payment m value can fall as well as rise.					
declare that payment by Skandia MultiFUNDS and claims arising.	Assurance Limited of the ber	nefits under this Acco	ount shall constitute	e a full dischar	ge from all liabilities
Signature of Accountholder					
Acoden	<b>)</b>	Date ▶ dd mm yyyy	1 / 2 0		
3 Further comments					
This section should be completed by the former Member's name				a Pension Sha	iring Order.
This section should be completed by the former Member's name				a Pension Sha	ring Order.
This section should be completed by the former Member's name				a Pension Sha	ring Order.
This section should be completed by the former Member's name	spouse/civil partner* to arrar			a Pension Sha	ring Order.
This section should be completed by the former Member's name  Collective Retirement Account number  1 Former spouse/civil partner* det  Title  Mr Mrs Miss	spouse/civil partner* to arrar			a Pension Sha	ring Order.
This section should be completed by the former Member's name  Collective Retirement Account number  1 Former spouse/civil partner* det  Title  Mr Mrs Miss	spouse/civil partner* to arran			a Pension Sha	ring Order.
This section should be completed by the former Member's name  Collective Retirement Account number  1 Former spouse/civil partner* det  Title Mr Mrs Miss  Surname	spouse/civil partner* to arran			a Pension Sha	
This section should be completed by the former Member's name  Collective Retirement Account number  1 Former spouse/civil partner* det  Title Mr Mrs Miss  Surname	spouse/civil partner* to arran			a Pension Sha	ring Order.  Middle initial(s)
This section should be completed by the former Member's name  Collective Retirement Account number  Title Mr Mrs Miss  Surname	spouse/civil partner* to arran			a Pension Sha	
This section should be completed by the former Member's name  Collective Retirement Account number  Title  Mr  Mrs  Mrs  Miss  Surname	spouse/civil partner* to arran			a Pension Sha	
This section should be completed by the former Member's name  Collective Retirement Account number  Title  Mr  Mrs  Mrs  Miss  Surname	spouse/civil partner* to arran			a Pension Sha	
Title	spouse/civil partner* to arran		as arisen following	a Pension Sha	
This section should be completed by the former Member's name  Collective Retirement Account number  Title  Mr  Mrs  Mrs  Miss  Surname	spouse/civil partner* to arran	nge a transfer that ha		a Pension Sha	

Signature of former spouse/civil partner\*

Date ▶ dd mm yyyy
/ / 2 0

I hereby request Skandia MultiFUNDS Assurance Limited to transfer the value of the funds entitled to me from the above mentioned Account to the

receiving scheme detailed in Part C section 1. I understand that the Transfer Payment will be made direct to the Receiving Scheme.

\*As defined by the Civil Partnership Act 2004.

# Part C. Receiving Scheme Declaration

Part C of the form should be completed by the scheme's trustees or an authorised signatory of the Receiving Scheme. The form should then be returned to Skandia together with the completed Part A or B and, where applicable, HM Revenue & Customs form CA1544.

On receipt of the form, and all our requirements, payment will be dispatched direct to the Receiving Scheme together with details of the transfer. A copy of the Receiving Scheme's Pension Scheme Registration document should be submitted with the form.

1 Receiving S	cheme details					
Receiving Scheme na	ame					
<u>.                                    </u>						
Pension Scheme Tax		PSTR) > please enclose a cop	y of your Registration docume.	nt		
Trustee/Scheme Adm	R ninistrator's name	. :				
Address						<u>-</u>
<u> </u>	• • • • • • •	•				
Account reference nu	mber :	e e en e		Postcode		
Approved Scheme nu	ımber (ASCN)					
Α	•					
Is the Receiving Schell and willing and author	me a Registered Pensi ised to accept pension	on Scheme under Section :	2, Part IV, Finance Act 20	04, or a Qualifying	Recognised Ov	erseas Pension Scheme
Yes	No					
Is the Receiving Sche Yes	me willing and authoris No	ed to accept transfer paym	ents relating to Protected	Rights?		
2 Payment de	tails					
Full details of the fund value will be made by	ds being transferred wi electronic transfer uni	ill be supplied with paymer less you specify that you w	nt. Please advise if you re yould prefer to receive a	quire any specific cheque. Please su	information. Pa	yment of the transfer account details.
Bank name						
Account name	·					
Address	1	. d				
1	. · · · · ·	,				
e de la companya de l						
	• • • • • • • • •			Dootoodo		
				Postcode	No.	
Sort code	- : 1	Account number		Referenc	e number	
		e e e e e e e e e e e e e e e e e e e				
Would you prefer to re	·	Cheque should be made	e payable to			
Yes	No					

## 3 Receiving Scheme declaration

We confirm that the information supplied is true and correct.

We confirm that we are the authorised trustees of the scheme or are the authorised administrators of the Receiving Scheme.

We confirm that the signatory/signatories below is/are authorised to represent the Receiving Scheme in these matters.

Signature

Date ► dd mm yyyy

/ 2 (

Position

Print name

Signature

Date ▶ dd mm yyyy

/ 2 0

**Position** 

Print name

4 Further comments

Skandia Skandia House Portland Terrace Southampton SO14 7AY

### www.skandia.co.uk

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Skandia provides you with access to its investment platform, known as Skandia Investment Solutions. Within this platform you can open an ISA and Collective Investment Account provided by Skandia MultiFUNDS Limited, a Collective Retirement Account and Collective Investment Bond provided by Skandia MultiFUNDS Assurance Limited and an Offshore Collective Investment Bond, distributed by Skandia MultiFUNDS Limited but provided by Old Mutual International (Guernsey) Limited.

Skandia MultiFUNDS Limited and Skandia MultiFUNDS Assurance Limited are registered in England & Wales under numbers 1680071 and 4163431 respectively. Registered Office at Skandia House, Portland Terrace, Southampton SO14 7EJ, United Kingdom. Both companies are authorised and regulated by the Financial Services Authority.

FSA register numbers 165359 and 207977 respectively. VAT number 386 1301 59.

When printed by Skandia this item is produced on a mixed grade material, which uses a combination of recycled wood or paper fibre from controlled sources and virgin fibre sourced from well managed, sustainable forests.







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transfer-out discharge form

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### Form purpose

This form can be used in respect of a CRA to arrange:

- · A transfer-out to an eligible Receiving Scheme.
- · A transfer to an eligible Receiving Scheme following a Pension Sharing Order.

### Important notes for completion

- Please complete part A or part B, as appropriate.
- · Part A of the form must only be completed by the accountholder for a transfer out.
- Part B should only be completed by the former spouse/civil partner\* of the accountholder following a Pension Sharing Order.
- Part C of the form must be passed to the Receiving Scheme to complete.
- · Please use BLOCK CAPITALS only and blue or black ink.
- Please ensure all applicable sections of the form are completed clearly as missing or unclear information will result in a delay in processing
  or the return of this form.
- A separate form should be completed for each account held.
- This form must be signed as appropriate and sent to the address below, along with HM Revenue & Customs form CA1544 where
  applicable:

Skandia, Skandia House, Portland Terrace, Southampton SO14 7AY

\*As defined by the Civil Partnership Act 2004.

### Important Information

Only full transfers-out are permitted. No partial transfers are possible.

## Part A.

		••																			
1	Pe	rsoı	nal c	leta	ils																
Title			C	) Mr	rs		○ M	iss		Other ▶ please	e specify										
T	0	0	K	M	A	N															
First	nam	ne																Mic	ddle ini	tial(s)	
P	A	U	L															P		tica(c)	
Add	ress																				
1	5		5	H	E	P	H	ER	D	SR	0 1	A D									
W	A	T	F	0	R	D															
H	E	R	T	5			1. 1					11 - 11-		Postc	ode	WI	> 1 9	67	- 1+	u	
Date	of b	irth )	dd n	nm yy	yy					National Ins	urance	number					1 1	9		01	
0	5	1	0	3	1	C	15	8		WL	1.	7 9	2	1 1	B						
Plea	se en	iter y	our c	lient r	refere	nce r	numbe	r, if kno	พก												
				1			1 1														
Plea	se en	iter v	our C	ollect	tive F	Retire	ment A	ccount	t numb	per											
	0							oout I	, idirik	201											

2 Discharge and Declaration	
I hereby request that Skandia MultiFUNDS Assurance Limited rel make payment of the value as an authorised pension transfer to	ease the value of all investments held under my CRA specified in Part A section 1 and the scheme detailed in Part C section 1.
I confirm that I am the accountholder.	
I understand that payment of a pension transfer amount can only under HM Revenue & Customs rules.	be made where the receiving scheme is eligible to receive a pension transfer payment
I understand that the payment will not take place until Skandia M Scheme that it is eligible to receive a pension transfer payment u	lultiFUNDS Assurance Limited receives satisfactory assurances from the Receiving nder HM Revenue & Customs rules.
I accept that, where applicable, the outstanding Phased Initial Ch MultiFUNDS Assurance Limited. The amount paid as a pension to	narge will be deducted from the value of the Account and retained by Skandia ransfer payment will be net of any outstanding phased investment charge.
I accept that the amount of transfer payment made will be depen value can fall as well as rise.	ident on the value of my investment holdings at the time of cancellation and that this
I declare that payment by Skandia MultiFUNDS Assurance Limite and claims arising.	ed of the benefits under this Account shall constitute a full discharge from all liabilities
Signature of Accountholder	
	Date ► dd mm yyyy
Mol	14/01/2011
3 Further comments	
Part B. Pension Sharing Order (Transfer This section should be completed by the former spouse/civil parts Member's name  Collective Retirement Account number  1 Former spouse/civil partner* details Title Mr Mrs Miss Other ▶ ple	ner* to arrange a transfer that has arisen following a Pension Sharing Order.
Surname	and specify
First name	Middle initial(s)
Address	
Address	
	Postcode
Date of birth ▶ dd mm yyyy  / / National Insu	rance number
Please enclose the Pension Sharing Order and the decree absolute	e together with the application form for the receiving scheme stated in Part C section 1.
Declaration I hereby request Skandia MultiFUNDS Assurance Limited to transf	fer the value of the funds entitled to me from the above mentioned Account to the
receiving scheme detailed in Part C section 1. I understand that the Signature of former spouse/civil partner*	ne Transfer Payment will be made direct to the Receiving Scheme.
organists of former spouse/Givil partitler	
	Date ► dd mm yyyy
*As defined by the Civil Partnership Act 2004.	/ 2 0

# Part C. Receiving Scheme Declaration

Part C of the form should be completed by the scheme's trustees or an authorised signatory of the Receiving Scheme. The form should then be returned to Skandia together with the completed Part A or B and, where applicable, HM Revenue & Customs form CA1544.

On receipt of the form, and all our requirements, payment will be dispatched direct to the Receiving Scheme together with details of the transfer. A copy of the Receiving Scheme's Pension Scheme Registration document should be submitted with the form.

1 Receiving Scheme detail	ls		
Receiving Scheme name			
Pension Scheme Tax Registration num	nber (PSTR) > please enclose a copy o	of your Registration document	
	R		
Trustee/Scheme Administrator's name	• · · · · · · · · · · · · · · · · · · ·		
Address			
entre en	e e e e e e e e e e e e e e e e e e e		
			· · · · · · · · · · · · · · · · · · ·
Account reference number		Postcode	
Approved Scheme number (ASCN)			
A			
Is the Receiving Scheme a Registered and willing and authorised to accept po	Pension Scheme under Section 2, lension transfers?	Part IV, Finance Act 2004, or a Qualifying	Recognised Overseas Pension Scheme
Yes No			
Is the Receiving Scheme willing and au Yes No	uthorised to accept transfer paymen	its relating to Protected Rights?	
2 Payment details		en e	
Full details of the funds being transferi value will be made by electronic transf	red will be supplied with payment. fer unless you specify that you wou	Please advise if you require any specific ald prefer to receive a cheque. Please sup	information. Payment of the transfer
Bank name			· · · · · · · · · · · · · · · · · · ·
Account name			the second secon
Account harte			
Address	p = 1.4		ik Alain
		Postcode	
Sort code	Account number	Reference	number
Would you prefer to receive a cheque?  Yes  No	Cheque should be made p	ayable to	

## 3 Receiving Scheme declaration

We confirm that the information supplied is true and correct.

We confirm that we are the authorised trustees of the scheme or are the authorised administrators of the Receiving Scheme.

We confirm that the signatory/signatories below is/are authorised to represent the Receiving Scheme in these matters.

Signature

Date ▶ dd mm yyyy

/ 2 0

**Position** 

Print name

Signature

Date ▶ dd mm yyyy

1

/ 2 0

**Position** 

Print name

4 Further comments

Skandia Skandia House Portland Terrace Southampton SO14 7AY

### www.skandia.co.uk

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Skandia provides you with access to its investment platform, known as Skandia Investment Solutions. Within this platform you can open an ISA and Collective Investment Account provided by Skandia MultiFUNDS Limited, a Collective Retirement Account and Collective Investment Bond provided by Skandia MultiFUNDS Assurance Limited and an Offshore Collective Investment Bond, distributed by Skandia MultiFUNDS Limited by Fold Multipliance (Guernsey) Limited.

Skandia MultiFUNDS Limited and Skandia MultiFUNDS Assurance Limited are registered in England & Wales under numbers 1680071 and 4163431 respectively. Registered Office at Skandia House, Portland Terrace, Southampton SO14 7EJ, United Kingdom. Both companies are authorised and regulated by the Financial Services Authority.

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