



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.

1 Personal details	
Title <input type="radio"/> Mr <input checked="" type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Other ► please specify	
Surname	
TOOKMAN	
First name	Middle initial(s)
ANNA	C
Address	
15 SHEPHERDS ROAD	
WATFORD	
HERTS.	
Postcode	
WD1 8THU	
Date of birth ► dd mm yyyy	National Insurance number
29/04/1960	NH 26 48 48 C
Please enter your client reference number, if known	
Please enter your Collective Retirement Account number	
4 0 0	

2 Discharge and Declaration

I hereby request that Skandia MultiFUNDS Assurance Limited release the value of all investments held under my CRA specified in Part A section 1 and make payment of the value as an authorised pension transfer to 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 be made where the receiving scheme is eligible to receive a pension transfer payment under HM Revenue & Customs rules.

I understand that the payment will not take place until Skandia MultiFUNDS Assurance Limited receives satisfactory assurances from the Receiving Scheme that it is eligible to receive a pension transfer payment under HM Revenue & Customs rules.

I accept that, where applicable, the outstanding Phased Initial Charge will be deducted from the value of the Account and retained by Skandia MultiFUNDS Assurance Limited. The amount paid as a pension transfer payment will be net of any outstanding phased investment charge.

I accept that the amount of transfer payment made will be dependent on the value of my investment holdings at the time of cancellation and that this value can fall as well as rise.

I declare that payment by Skandia MultiFUNDS Assurance Limited of the benefits under this Account shall constitute a full discharge from all liabilities and claims arising.

Signature of Accountholder



Date ▶ dd mm yyyy

14 / 01 / 2011

3 Further comments

Part B. Pension Sharing Order (Transfer of Pension credit request)

This section should be completed by the former spouse/civil partner* to arrange a transfer that has arisen following a Pension Sharing Order.

Member's name

Collective Retirement Account number

1 Former spouse/civil partner* details

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Other ▶ please specify

Surname

First name

Middle initial(s)

Address

Postcode

Date of birth ▶ dd mm yyyy

National Insurance number

Please enclose the Pension Sharing Order and the decree absolute together with the application form for the receiving scheme stated in Part C section 1.

Declaration

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.

Signature of former spouse/civil partner*



Date ▶ dd mm yyyy

14 / 01 / 2011

*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 Scheme details

Receiving Scheme name

Pension Scheme Tax Registration number (PSTR) ► *please enclose a copy of your Registration document*

R

Trustee/Scheme Administrator's name

Address

Postcode

Account reference number

Approved Scheme number (ASCN)

A

Is the Receiving Scheme a Registered Pension Scheme under Section 2, Part IV, Finance Act 2004, or a Qualifying Recognised Overseas Pension Scheme and willing and authorised to accept pension transfers?

☐ Yes

☐ No

Is the Receiving Scheme willing and authorised to accept transfer payments relating to Protected Rights?

☐ Yes

☐ No

2 Payment details

Full details of the funds being transferred will be supplied with payment. Please advise if you require any specific information. Payment of the transfer value will be made by electronic transfer unless you specify that you would prefer to receive a cheque. Please supply your bank account details.

Bank name

Account name

Address

Postcode

Sort code

Account number

Reference number

Would you prefer to receive a cheque?

☐ Yes

☐ No

Cheque should be made payable 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

/ 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 388 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.

A Member of the  OLD MUTUAL Group



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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 Personal details	
Title <input checked="" type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Other ► please specify	
Surname T O O K M A N	
First name P A U L	Middle initial(s) A
Address 1 5 S H E P H E R D S R O A D W A T F O R D H E R T S	
Date of birth ► dd mm yyyy 0 5 / 0 3 / 1 9 5 8	National Insurance number W L 1 7 9 2 1 1 B
Postcode W D 1 8 7 H U	
Please enter your client reference number, if known [Empty box]	
Please enter your Collective Retirement Account number 4 0 0	

2 Discharge and Declaration

I hereby request that Skandia MultiFUNDS Assurance Limited release the value of all investments held under my CRA specified in Part A section 1 and make payment of the value as an authorised pension transfer to 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 be made where the receiving scheme is eligible to receive a pension transfer payment under HM Revenue & Customs rules.

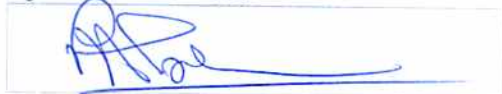
I understand that the payment will not take place until Skandia MultiFUNDS Assurance Limited receives satisfactory assurances from the Receiving Scheme that it is eligible to receive a pension transfer payment under HM Revenue & Customs rules.

I accept that, where applicable, the outstanding Phased Initial Charge will be deducted from the value of the Account and retained by Skandia MultiFUNDS Assurance Limited. The amount paid as a pension transfer payment will be net of any outstanding phased investment charge.

I accept that the amount of transfer payment made will be dependent on the value of my investment holdings at the time of cancellation and that this value can fall as well as rise.

I declare that payment by Skandia MultiFUNDS Assurance Limited of the benefits under this Account shall constitute a full discharge from all liabilities and claims arising.

Signature of Accountholder



Date ► dd mm yyyy

14 / 01 / 2011

3 Further comments

Part B. Pension Sharing Order (Transfer of Pension credit request)

This section should be completed by the former spouse/civil partner* to arrange a transfer that has arisen following a Pension Sharing Order.

Member's name

Collective Retirement Account number

1 Former spouse/civil partner* details

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Other ► please specify

Surname

First name

Middle initial(s)

Address

Postcode

Date of birth ► dd mm yyyy

National Insurance number

Please enclose the Pension Sharing Order and the decree absolute together with the application form for the receiving scheme stated in Part C section 1.

Declaration

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.

Signature of former spouse/civil partner*



Date ► dd mm yyyy

14 / 01 / 2011

*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 Scheme details

Receiving Scheme name

Pension Scheme Tax Registration number (PSTR) ► *please enclose a copy of your Registration document*

R

Trustee/Scheme Administrator's name

Address

Postcode

Account reference number

Approved Scheme number (ASCN)

A

Is the Receiving Scheme a Registered Pension Scheme under Section 2, Part IV, Finance Act 2004, or a Qualifying Recognised Overseas Pension Scheme and willing and authorised to accept pension transfers?

☐ Yes ☐ No

Is the Receiving Scheme willing and authorised to accept transfer payments relating to Protected Rights?

☐ Yes ☐ No

2 Payment details

Full details of the funds being transferred will be supplied with payment. Please advise if you require any specific information. Payment of the transfer value will be made by electronic transfer unless you specify that you would prefer to receive a cheque. Please supply your bank account details.

Bank name

Account name

Address

Postcode

Sort code

Account number

Reference number

Would you prefer to receive a cheque?

Cheque should be made 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 0

Position

Print name

Signature

Date ► dd mm yyyy

/ / 2 0

Position

Print name



4 Further comments

Skandia
Skandia House
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SO14 7AY

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