

# Aviva transfer document checklist

Please ensure all forms have been fully and accurately completed, and all of the documents listed below are sent to us or the receiving scheme as indicated.

Document title	Instructions	✓
Transfer discharge form	Fully complete the name and address of the pension provider receiving the transfer payment.	
	This must be fully completed and signed by <b>the planholder</b> .	
Receiving scheme's transfer statement	This must be fully completed and signed by an authorised representative of the <b>receiving pension scheme</b> .	
<b>We will only be able to process this transfer once we have received the correctly completed documents.</b> Please return your completed forms and documents to: Aviva PO Box 1550 Salisbury SP1 2TW		

## Aviva Life & Pensions UK Limited.

Registered in England No. 3253947. Registered office: Aviva, Wellington Row, York, YO90 1WR.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 185896.

Telephone 0345 602 9189 – calls may be recorded.

[www.aviva.co.uk](http://www.aviva.co.uk)



# Transfer discharge form

To be completed by the planholder.

**Plan number(s)** **F46004/13766**

**Planholder** **Mr Roman Eliasov**

**Please remember:** We will cancel the units and calculate the transfer value using the unit prices at the date of receipt of all the items requested, fully completed, together with any supporting documents. The amount transferred may be higher or lower than the figures shown above.

Any incomplete or missing information will delay both the cancellation of units and the transfer payment to the receiving scheme.

I authorise you to transfer the above plan to:

(Please provide the full name and address of the pension provider or pension scheme which is to receive the transfer payment.)

Name of new scheme/pension provider	
Address	
Postcode	
Reference number	
Contact name	
Contact telephone number	
Contact e-mail address	

If you would like to request a partial transfer please provide details in the box below.

## Data Protection: How we use the information you provide

The personal data you have provided to us will be treated as confidential and held in our data systems to provide the product or service for which you have applied, and may also be used for the:

- prevention of crime, fraud and money laundering; and
- purposes of identity verification via electronic reference agencies, who may keep a record of the data.

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(G13) -- DIL\_FLPPEMB\_113\_TRANSFER\_PROD\_20190608014006\_16172559\_NONMAILSORT.Ino -- 4/11/16-8/0000000 (H1..H7)

XC109 XC100 08/2018 (GN51028)

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Your personal data will only be disclosed to other members of the Aviva Group, its agents and their subcontractors, or selected third parties, where there is a lawful reason to do so.

Your personal data may be processed in countries outside the European Economic Area. This processing will be carried out by experienced and reputable organisations and only on terms which safeguard the security of your data and meet the requirements of the applicable data protection legislation.

Further information about how we use personal information can be found in our Privacy Policy, a copy of which is available at [www.aviva.co.uk](http://www.aviva.co.uk) or on request by calling our customer contact centre.

### Planholder's declaration

**Please read this declaration carefully before signing it. If you believe one or more of the statements are not true in relation to the proposed transfer, and as a result you cannot sign the declaration, the transfer cannot proceed.**

In relation to the plan listed above, I hereby declare:

- I agree to, and request, the transfer of benefits as indicated above.
- I understand the transfer value is not guaranteed. It will be recalculated before the payment is made, and may be higher or lower than the amount shown above.
- I am the legal owner of the plan and I am legally entitled to instruct you to transfer the value. I have never been adjudged to be bankrupt and there are no court orders affecting my plan.
- I understand and agree that payment of the transfer value will be in full and final discharge of your liabilities in respect of the benefits under the plan number stated above.
- I understand that if I have any entitlement under the Aviva plan(s) to a protected tax-free lump sum and/or a protected pension age these may be lost upon transfer.

My date of birth is 4 April 1979.

- I declare that my date of birth shown and that the statements that I have made are correct and complete.

Planholder's signature	
Name	
Date	

Please provide a telephone number below which we can use to contact you between the hours of 8.30am and 6.00pm, Monday to Friday.

Preferred daytime contact number	
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**Before signing, if you are unsure of any of the terms we have used, please call us using the contact details in our covering letter.**

**Please note, if the new agreement is cancelled with the scheme indicated above, we may not be able to accept the transferred money back in to your original contract.**

# Receiving scheme's transfer statement

## Section 1 - Details of transferring scheme/planholder

Planholder name	Mr Roman Eliasov
Planholder date of birth	4 April 1979
Planholder NI number	SH193001B
Plan number(s)	F46004/13766

## Section 2 - Details of receiving scheme

**This document should only be used for a transfer to a UK registered pension scheme.**

Full name of receiving scheme/provider	
Your policy number	
HMRC reference (PSTR or SF number)	
Scheme administrator's name	
Scheme administrator's address	
Postcode	
Name of contact (in case of enquiry)	
Telephone number	
Email address	

**Type of scheme** - the scheme is a: (please tick the relevant box.)

- A) A pension scheme registered under Chapter 2, Part 4 of the Finance Act 2004. ☐
- B) A statutory pension scheme (as defined in Chapter 1, Part 4 of the Finance Act 2004). ☐

**If you have ticked option A please enclose a copy of the scheme's HMRC registration document.**

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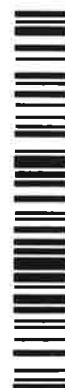
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XC109 XC100 08/2018 (GN51028)

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**Additional details**

Is the scheme:

(i) a non-insured self-administered scheme or a self-invested pension plan?

Yes ☐ No ☐

(ii) an insured scheme?

Yes ☐ No ☐

(iii) a public service pension scheme as defined in s150(3) FA2004?

Yes ☐ No ☐

(iv) a buy-out (deferred annuity) contract?

Yes ☐ No ☐

**If the scheme is an insured scheme, or a buy-out contract, we will usually make payment only to the life office insuring the scheme or contract.**

**Section 3 – Payment details**

Please note that if your scheme is fully insured then we will pay the transfer payment directly to the new insurance company, in accordance with HMRC requirements. If the transfer is to a non-insured scheme we will pay directly to the receiving provider or administrator.

Our preferred method of payment is BACS.

(a) If you would prefer payment by BACS please provide us with details of the account into which you would like payment to be made.

Sort code	
Account number	
Account name	
Name of bank	
Reference number	

(b) If you would prefer payment by cheque, to whom should the transfer cheque be made payable?

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This is the scheme/contract's:

administrator ☐trustees ☐insurer ☐

(c) Where should the cheque be sent (complete if different from above)?

Name	
Address	
Postcode	

Section 4 – Receiving scheme declaration

This section is to be completed by an authorised signatory of the receiving scheme

We hereby declare:

- we are willing to accept the transfer payment
- the transfer payment will be used to provide relevant benefits under a UK registered pension scheme, in line with Part 4 of the Finance Act 2004
- the information given in this questionnaire is complete and correct; and
- we consent to you referring this proposed transfer to HMRC and for HMRC to provide information to you relating to the registration of the receiving scheme.

Signed for and on behalf of the receiving scheme:

(Please note: if the new agreement is cancelled with the scheme indicated above, we may not be able to accept the transferred money back in to the original contract.)

Authorised signatory	
Name of signatory	
Contact phone number	
Position/title of signatory	
Date signed	

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