

Mo Esther Salvan

Regarding Liz Allins return
Transfer forms.

Mexy Thanks Esther

Regards Pat

Transfer form

- 2) When all the money in your pension plan is transferred to your new provider we won't be responsible for paying you any more money from that plan.
- 3) When part of the money in your pension plan is transferred to your new provider we'll only be responsible for the money that's been left in your Aviva plan. We won't be responsible for the amount we've transferred to your new provider.
- 4) Even if we transfer some or all of the money in your plan to a new provider, we'll still be responsible if we later find we've made a mistake with your plan.

Please only sign here if you have read all the information on this form and are sure you want to transfer your pension benefits to another provider. Doing so will mean you will lose any features or guarantees you may have with us.

Please pay the transfer value of the plan named on this form.

Plan holder's signature



Date

14/10/2020

Transfer discharge form continued

Planholder's declaration

Please read this declaration carefully before signing it. If you believe one or more of the statements below is/are not true in relation to the proposed transfer, and as a result you cannot sign the declaration, we may not be able to/cannot proceed with the transfer.

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

- I agree to, and request, the transfer of benefits as indicated above.
- I confirm that I have been made aware of any surrender penalties that will be deducted following surrender of the plan.
- 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 previously.
- 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, there are no court orders and/or insolvent events 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 Prudential 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 7 October 1965.

- I declare that my date of birth shown and that the statements that I have made are correct and complete. I understand that making a false declaration may result in tax charges and other penalties.
- I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan(s).
- I also promise that I will be responsible for any losses and/or expenses which are the result of any untrue, misleading, or inaccurate information deliberately given by me, or on my behalf, either in this form or with respect to the benefits from the plan(s).

1. If you are concerned or have queries about one of the statements please do not hesitate to contact us to discuss the same.
2. If you have been previously adjudged bankrupt, subject to a Debt Relief Order, Individual Voluntary Arrangement, Administration Order or another insolvent event or your plans are/have been potentially affected by any other court orders, please contact us and provide us with relevant details/documentation, such as: a copy of the order concerned, court/insolvency service reference number and details of the court or insolvency service office, official receiver's office, insolvency practitioner or solicitors details, in order for us to make appropriate enquiries to decide whether or not the transfer can proceed. If you believe all other relevant parties concerned have consented to the transfer please provide documentation to confirm the same. Please note we cannot provide you with legal, financial or tax advice, and you should obtain such advice independently if you feel it is required.

Planholder's signature	
Name	USA ALKINS
Date	14/10/2020

Please provide a telephone number below which we can use to contact you between the hours of 8am and 6pm, Monday to Friday.

Preferred daytime contact number	07791 050152
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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.

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