



# Claim form

## Transfer

We have enclosed information on the things you should consider before making your transfer. If you do not understand the information we've provided or would like to ask any questions, then please contact us, or speak to a financial adviser before signing and returning this transfer form.

### Important information

There are new Department for Work & Pensions (DWP) regulations that require scheme trustees/managers to ensure that extra checks are made before making a pension transfer. The regulations are to help protect members of pension schemes against the dangers of pension scams. The regulations require that your transfer request is assessed against two conditions set out in the regulations. There are also HMRC requirements that must be met.

We need some information from you so that we can complete these regulatory checks. We will then consider all this information and assess whether the transfer can proceed or if we need more information. If you do not meet the regulatory requirements your transfer will not be able to proceed. If this happens, we will write to you and tell you why.

### Section 1

#### Your details

Name	Angela Luisa Smith		
Previous surname (if applicable)	Lax	Plan number	P30049-765-P01
Address	36 Firs Crescent Formby Liverpool Merseyside		
	Postcode	L37 1PT	
Daytime telephone number*	Evening telephone number*		
Nationality	British	Tax residency	UK
Date of birth	15/12/1968	National Insurance Number	NR330866B

\*We may need to contact you to discuss the claim and if you provide your telephone number this will help to avoid any delays

## Section 2

### Adviser Details

Have you received advice from a firm or individual in connection with transferring your pension benefits?



Yes



No

If yes, please provide the following information:

What is the name of the adviser?

Brown Shipley & Co Ltd  
Brown Shipley House

What is their business address?

Edwalton Business Park  
Landmere Lane  
Edwalton  
Nottingham NG12 4JL

Postcode

What is their FCA registration number?

12454-8

What are their FCA permissions?

Telephone: 0115 9457550

If applicable, what is the name and address of the company they represent?

Postcode

What is their website address?

(If you wish to check whether an individual or company is registered you can look at the FCA website [register.fca.org.uk/s/](http://register.fca.org.uk/s/). You can also call the FCA Consumer Helpline on 0800 111 6768 if you need any help checking the register).

## Section 3

### Receiving scheme details

Please note that, for the receiving scheme to accept the transfer, you must be a member of the receiving scheme.

Please tick the box to confirm the type of receiving scheme



A pension scheme that was fully approved by HM Revenue & Customs (HMRC) before 6 April 2006 and became a registered pension scheme on that date under Chapter 2, Part 4 Finance Act 2004 (as amended)



A registered pension scheme under Chapter 2, Part 4 Finance Act 2004 (as amended)

Please confirm the type of the receiving scheme, for example, Personal Pension scheme.

SSAS

Name of the receiving scheme

Raise The Bar Limited RBS

Receiving scheme address

Retirement Capital, Venture Wales Building, Merthyr Tydfil Industrial Business Park  
Merthyr Tydfil, WALES

Postcode

CF48 4DR

Name of Scheme Administrator

Retirement Capital

## Section 4

### Receiving scheme approval/registration

What is the HMRC Approval/Registration number?

Please provide a copy of the pension schemes approval/registration letter issued by HMRC or a current dated screen shot from the HMRC pension scheme portal confirming details of the scheme.

If the scheme does not have a HMRC Approval/Registration number, please confirm the type of scheme.

## Section 5

### Payment details

Please confirm either:

Direct Credit (Preferred) or Cheque details

Direct credit details (if appropriate):

Sort code

Account number

Account payee name

Cheque details\* (if appropriate) - only available if the receiving scheme address is in the UK

Address

Postcode

Reference

Contact name

\*This must be the provider/insurer of the receiving scheme or, if there is no provider/insurer, the scheme administrator (for example, trustees). If payment is to be made to the scheme administrator, documentary evidence showing the scheme administrator's link with the receiving scheme must be provided, for instance, a copy of the scheme's letter of approval/registration.

If your plan includes a guaranteed annuity rate or guaranteed mortality basis, you may have to take financial advice before we will be able to make a payment to you. To confirm this, you must complete a 'Supplementary Guarantee declaration' form to confirm you have taken advice. If this applies to you this will have been confirmed in the covering letter. We will not be able to proceed with your claim without it.

## Section 6

### Transfers to an occupational pension scheme

If you are requesting to transfer to an occupational pension scheme please provide us with the following information, unless the receiving scheme is an authorised master trust scheme, authorised collective money purchase scheme or a public service pension scheme. If you are unable to provide us with this information, then we will not be able to pay the transfer to the receiving scheme.

#### 1 Please send us a letter from your employer on their headed notepaper confirming that:

- your employer is a sponsoring employer of the scheme you want to transfer to;
- you are employed by the sponsoring employer and have been for the three months up to the date of this transfer request;
- the date that you started being employed by them and that you have been continuously employed by them from that date; and
- the contributions on the Schedule of Contributions have been paid and the dates of those payments. If the contribution amounts differ from those shown on that Schedule then the employer should state the actual amounts paid and the date they were paid.

#### 2 Contribution information – please send us:

- the receiving scheme's Schedule of Contributions or Payment Schedule which shows the contributions due to be paid by the sponsoring employer and by you (or on your behalf) in the 3 months up to the date of this transfer request. It must also show the due dates of those contributions;
- a copy of your payslips (or other written evidence) showing the salary paid to you by the sponsoring employer of the receiving scheme for the 3 months up to the date of this transfer request; and
- a copy of your personal bank or building society statements which show the deposit of your salary from the sponsoring employer of the receiving scheme. These must be provided for the 3 months up to the date of this transfer request.

## Section 7

### Declaration

We have enclosed information on the things you should consider before making your claim. If you do not understand the information we've provided or would like to ask any questions, then please contact us, or speak to a financial adviser before signing and returning this claim form.

I am aware that:

- Zurich recommend I consider taking regulated financial advice

I/we authorise Zurich Assurance Ltd to pay the plan proceeds as permitted by the terms and conditions and as detailed in this claim form and any other supporting documentation.

I/we understand that

- the final transfer value will be calculated on the next valuation date following receipt of all documentation and information required
- that my transfer request will be declined if it does not meet the transfer conditions set out in DWP and HMRC legislation
- that if the transfer is to an occupational pension scheme then I must provide the information listed in section 6 above (unless the receiving scheme is an authorised master trust scheme, authorised collective money purchase scheme or a public service pension scheme).

By signing this authority I accept that payment by Zurich is in full and final settlement of the claim and Zurich are under no further liability.

- I am not bankrupt and have not been since starting the plan.

To the best of my knowledge and belief all of the details Zurich hold about me and the contents of this claim form are true and complete.

Signature

Angela Smith

Date signed

16 08 2022

Print name BLOCK CAPITALS

ANGELA LUISA SMITH