

Qualified Recognised Overseas Pension Scheme (QROPS) transfer form

Where applicable, trustees should complete this form on behalf of the member

1. Your details			
Full Name and Title			
Residential Address			
Policy Number / Scheme and member number			
National Insurance Number		Date of Birth	
Date of leaving service of the employer (if applicable)		Occupation	
Nationality		Country of Residence	
Telephone Number		Email address <i>(optional)</i>	
<i>To comply with current UK money laundering regulations we may need to contact you for further information</i>			

2. QROPS details	
Name and address of the QROPS receiving the transfer	
QROPS reference number	
Name and address of the tax authority the QROPS is registered with	
Name and address of the regulatory authority the QROPS is subject to	
<i>Please remember to enclose a copy of the QROPS's HM Revenue and Customs (HMRC) registration letter</i>	

3. Details of the transfer	
Are you transferring to an income drawdown policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you taking your retirement savings immediately, or at a later date?	<input type="checkbox"/> Immediately <input type="checkbox"/> Later date
Have you 'flexibly accessed' any retirement savings, either with us or another provider, since 6 April 2015? For example by taking an 'Uncrystallised Funds Pension Lump Sum'.	<input type="checkbox"/> Yes, on: ___/___/___ <i>Enter date you first did this</i> <input type="checkbox"/> No
Have you completed and enclosed HMRC form 'Member information APPSS263'?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you read and understood the leaflet produced by The Pensions Regulator on investment scams?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware there could be an overseas transfer charge (currently 25%) applied on transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Payment details

Payment method: BACS
 Telegraphic transfer (£30 fee applies, deducted from transfer value)
 Cheque made payable to _____

Bank/Building Society name and branch address

Account name

Account number or IBAN for non-UK

Sort code or swift/international sort code for non-UK

Reference number

for Building Society accounts

5. Other retirement savings (not applicable for Managed Pension policies - go to section 7)

Is the value of your **total** retirement savings more than £500,000?

Yes - go to section 6

No - go to section 7

Don't include:

- any spouse or dependant's benefits you are receiving
- any state pension benefits due or in payment
- any retirement savings you are not taking until a later date

To calculate the value include:

- retirement savings from this policy
- any retirement savings already taken as a tax free cash lump sum
- any other retirement savings you are taking at the same time as this policy; if these are from a final salary scheme, the value is the gross annual income multiplied by 25
- the gross annual amount of any pensions in payment, multiplied by 25

6. Details of other retirement savings - only if you have answered Yes to question 5

Do you have either:

- a) transitional protection (either enhanced; primary; fixed or individual); or
- b) an enhanced lifetime allowance (eg where a divorce credit applies)?

If yes, kindly send us certified copies of the HMRC certificate

A. Pension policies in payment before 6 April 2006

Detail your Provider(s)	Pension or drawdown?	Enter your current annual amount of pension or, for income drawdown, enter the current maximum income allowed

B. Pension policies in payment from or after 6 April 2006

Detail your Provider(s)	Pension or drawdown?	Enter the % of Standard Lifetime Allowance used	Enter date taken or put into payment

C. Money Purchase policies being taken or transferred at the same time as your Equitable Life savings

Detail your Provider(s)	Policy type(s)	Enter the current fund value

D. Final Salary benefits being taken or transferred at the same time as your Equitable Life savings

Detail your Provider(s)	Policy type(s)	Enter the current annual pension payable, plus tax free cash if payable in addition

E. Any retirement savings transferred to a QROPS since 6 April 2006

Detail your Provider(s)	Policy type(s)	Enter the % of Standard Lifetime Allowance used

All values must be given in UK sterling

7. Declaration by policyholder/trustees

I/We declare that:

1. To the best of my/our knowledge and belief all the statements made in connection with this form are true and complete.
2. I/We elect for the payment of the funds under the Policy (“the Policy”) in accordance with the following statements.
3. The instructions given in this form shall be irrevocable.
4. I/We agree that full payment of the transfer value available under the Policy in accordance with its terms by you shall constitute a discharge of your obligation to make payments under the Policy.
5. For the avoidance of doubt, this release shall not act so as to prohibit me/us from bringing any claim for any act or omission by you.
6. I/We also understand that if any further tax becomes payable because the information I/we have provided above proves to be incorrect then I/we understand that I/ we will be wholly and personally liable for the tax charge due and any resultant penalty as may be imposed by HM Revenue & Customs.
7. I/We agree to indemnify and hold harmless Equitable Life against all demands, losses, liabilities, damages, costs and expenses (including legal fees) which may arise from Equitable Life acting on my payment instructions, including any claim from a third party in relation to the payment.
8. I/We consent to Equitable Life providing information to HM Revenue and Customs to allow them to comply with their obligations. I/We also consent to Equitable Life providing information to any other pension providers I/we may have, as is required by annual allowance reporting requirements.
9. I understand if my circumstances change within the next five years an overseas transfer charge may be applied.

Signed by policyholder:

Print name: _____

Signature: _____ Date _____

Additional declaration for trustees/scheme administrators where applicable:

I/We confirm we have checked the receiving scheme meets the requirements of a QROPS.

Signed for and on behalf of the trustees:

Print name: _____ Position _____

Signature: _____ Date _____

8. Section to be completed by the QROPS

Please send us a copy of literature relating to the scheme. For example scheme rules, product particulars or key features documents.

Information enclosed

Information to follow

Declaration

For all policies:

- I/We confirm that the receiving scheme is capable of accepting the transfer and the transfer will be accepted into the scheme.

And where an Income Drawdown policy is being transferred into the scheme:

- the benefits provided by the scheme will be on a like for like basis to those provided under the transferring scheme.
- no other lump sums or assets are held under the receiving scheme.
- no further lump sum will be paid from the value received.
- the receiving scheme undertakes to continue to apply the same review year, review cycle and maxima (including future income reviews) as would have been applied by the transferring scheme and we understand that the member may be liable to an unauthorised payment charge if any of these conditions are not met whilst the member is regarded as a UK resident and for 5 tax years after the end of the tax year in which the member ceases to be regarded as a UK resident.
- I understand if the member's circumstances change within the next five years, an overseas transfer charge may be applied.

Note:

It is the responsibility of the receiving scheme to ensure their appropriate tax authorities will allow a transfer from a UK Pension Scheme into their scheme. Equitable Life will not take any responsibility for ensuring that the scheme is capable of receiving the transfer.

Permission is hereby given to HM Revenue & Customs to confirm to Equitable Life the current Qualifying Recognised Overseas Pension Scheme status of the receiving scheme.

Print name: _____

Signature: _____

Date: _____

Position: _____

Company: _____

Scheme manager's name: _____
(Individual or Organisation)

Scheme manager's email address: _____

Scheme manager's phone number: _____

Please return the original hard copy of this form. Copies cannot be accepted.