

Transfer Payment Form

1. Personal Details			
Employer/Scheme Name			
Employee/Member Full Name			
Member's home address			
Policy Number			
National Insurance Number/ Member Number (if applicable)		Date of Birth	
Date of leaving service of the employer (if applicable)		Occupation	
Nationality		Country of Residence	

2. Name of the company the member is transferring to	
<p>The member needs to contact that company and ask them to send us, via the trustees:</p> <ul style="list-style-type: none"> • written confirmation they can accept the transfer; • their bank account details for payment; and • a copy of their HMRC registration certificate <p>Written confirmation enclosed <input type="checkbox"/> Written confirmation to follow <input type="checkbox"/></p> <p>We are not able to make payment until we have received this confirmation</p>	

<p>3. Is the member transferring to take their savings:</p> <p>To set up an Income Drawdown which offers flexible income? <input type="checkbox"/></p> <p>To set up an annuity to provide a regular income? <input type="checkbox"/></p> <p>Other (please specify)? _____</p> <p>We are not able to make payment until we have received this confirmation</p>

<p>4. This section should be completed by the member</p> <p>There are certain disreputable organisations who seek to persuade you into moving your money into high risk or bogus investments. These are known as investment scams. Would you know what to look out for if you were approached by one of these organisations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

5. Helping you make your retirement decision (to be completed by the member/employee)

Have you received guidance or advice on your decision?

Yes, via Pension Wise. Go to Section 7

Yes, regulated advice. Your financial adviser should complete Section 6

No. Please complete section opposite

Transferring your retirement savings is an important decision. We **strongly** recommend you seek guidance or advice.

If you now decide to seek guidance or advice, please tick this box, and let us know via the trustees once you have received it

If you no longer wish to transfer your retirement savings

If you are sure you want to go ahead without guidance or advice, please tick this box, and go to Section 7

6. This section should be completed by your financial adviser

I confirm I have advised my client to transfer their retirement savings to another company. My client is aware of and understands the risks associated with this decision.

Name and address

Registration number

FCA reference

Signed

Dated

7. Key areas to consider (to be completed by the member/employee-do not complete this section if you have received regulated advice and section 6 has been completed by your financial adviser)

	Yes	No	N/A
Do you understand the charges levied by the company you are transferring your savings to?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you understand the risks associated with the investment you will be making with the new company?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you shopped around with different companies to establish the best place and product to transfer your retirement savings into?	<input type="checkbox"/>	<input type="checkbox"/>	
If you are transferring your savings to a product that will provide an income, do you understand how long this income will last?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your policy includes life assurance cover, do you understand this life cover will cease if you transfer your savings to another company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your annual statement or our covering letter show if you have a guarantee under your policy. Do you understand any guarantee will no longer exist if you transfer all your savings to another company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Depending on the information you provide, we may need to write to you again with additional information relevant to your decision

8. Declaration

Please sign and date below

I declare that:

1. To the best of my knowledge and belief all the statements made in connection with this form are true and complete.
2. I/We elect for the full payment of the transfer value available under the Policy specified at the beginning of this form ("the Policy") in accordance with the following statements.
3. The instructions given in this form shall be irrevocable.
4. I/We agree that once payment is made, the Equitable Life will have no remaining payment obligations under the policy. However, that won't stop me bringing any other claims against the Equitable Life.
5. For the avoidance of doubt, this release shall not act so as to prohibit me from bringing any claim for any act or omission by you.
6. 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.
7. I/We agree to indemnify the Equitable Life for any claims or losses, including third party claims or losses, resulting from the Equitable Life following these payment instructions.

Signed by employee/member

Print name: _____

Signature: _____ Date _____

Signed for and on behalf of the trustees

Print name: _____

Signature: _____ Date _____

Kindly post the form to us - we cannot accept emailed payment forms

Walton Street, Aylesbury, Bucks, HP21 7QW Tel : 0330 159 1530 Fax : 0845 835 5765 : www.equitable.co.uk

For security and training purposes, telephone calls may be recorded. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

The Equitable Life Assurance Society is a mutual society registered in England No. 37038.

Registered Office: Walton Street, Aylesbury, Buckinghamshire, HP21 7QW, United Kingdom 45Z038 11.17