

**Transfer Payment Form**

<b>1. Personal Details</b>			
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	

<b>2. Potential with-profits uplift</b>
We have announced plans that may affect the future value of the member's with-profits savings with Equitable. If approved, the Proposal will increase the value of their with-profits policy. The member understands that any withdrawals taken from the with-profits investment before then will not benefit from that additional uplift.
Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>3. Would the member/employee mind sharing the reason for taking their retirement savings now?</b>			
Bringing my savings into one place	<input type="checkbox"/>	Advice or guidance from IFA/Pension Wise	<input type="checkbox"/>
I am retiring	<input type="checkbox"/>	I only have a small fund	<input type="checkbox"/>
I need the funds now	<input type="checkbox"/>	Other (please specify)	<input style="width: 150px; height: 20px;" type="text"/>

Walton Street, Aylesbury, Bucks, HP21 7QW Tel : 0330 159 1530 Fax : 0845 835 5765 : [www.equitable.co.uk](http://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 3.19

#### 4. Receiving provider details

Name of the company you are transferring to (to be completed by the member/employee):

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You need to contact that company and ask them to send us:

- written confirmation they can accept the transfer;
- their bank account details for payment; and
- a copy of their HMRC registration certificate

Written confirmation enclosed

Written confirmation to follow

4a. Is this a company pension scheme?

NOTE: If the company scheme is a Small Self-Administered Scheme, send a copy of the rules.

Yes - go to 4b

No - go to 5

4b. Are you an employee of the employer who runs the company scheme?

Yes - please send a copy of a payslip or other income confirmation. Go to 5.

No - go to 4c

4c. Please state your relationship to the employer who runs the company scheme (on the line below):

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#### 5. Is the member/employee transferring to take their savings:

To set up an Income Drawdown which offers flexible income?

To set up an annuity to provide a regular income?

Other (please specify)? \_\_\_\_\_

#### 6. This section should be completed by the member/employee

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 to be completed by the member/employee. Would you know what to look out for if you were approached by one of these organisations?  Yes  No

**7. 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 9
- Yes, regulated advice. Your financial adviser should complete Section 8
- 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 9

**8. 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	

**9. Key areas to consider (to be completed by the member/employee - do not complete this section if you have received regulated advice and section 8 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**

**10. 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.
8. I/We have read Section 2 of this form in respect of with-profits, and nevertheless wish to proceed with this payment.

**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**