

Transfer-in Scheme Details

WE ARE REQUIRED BY HMRC TO STATE THAT IT IS A SERIOUS OFFENCE TO MAKE FALSE STATEMENTS OR FALSE CLAIMS – THE PENALTIES ARE SEVERE AND COULD LEAD TO PROSECUTION.

A PERSONAL DETAILS

The information supplied will be held in the strictest confidence and is subject to the provisions of Data Protection legislation

Title (*Mr/Mrs/Ms/Miss/Other*) Surname

Forename(s)

Date of Birth Occupation

National Insurance Number Gender

Permanent Residential Address

Postcode

If you have lived at your permanent residential address for less than three years, please provide your previous permanent residential address

Scheme Name	Policy Number	Fund	Value
		Non-Protected Rights	Protected Rights
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

I wish to transfer my benefits from policy number to my Wensley Mackay Personal Pension.

In respect of the transfer, I request the Scheme Administrator of the transferring Scheme applies the whole of my available transfer value from that arrangement. I understand following the application of the transfer values neither I nor my spouse nor dependants will have any further entitlement under the transferring Scheme.

I acknowledge and agree that a copy of this request and discharge shall be deemed to be binding as though it were the original. I authorise the Trustees, Scheme Administrator, or insurers, of the transferring scheme to provide any information which Wensley Mackay Ltd may request in relation to any benefits provided to me. I declare that to the best of my knowledge and belief the above statements are true and complete.

Wensley Mackay

* * * * *

In return for the services provided by the Trustees I agree to pay their current charges at the date of this application. I understand the Administrator has the power to deduct any charges from my fund if not paid by me directly.

As far as I am aware, there is no pension earmarking order attaching to the policy being transferred.

Signed	<input type="text"/>	Date	<input type="text"/>
Please Print Name	<input type="text"/>		

TV1

B SCHEME DETAILS

Full title of Scheme/Arrangement	<input style="width: 100%;" type="text"/>		
<i>Type of Scheme – please indicate by ticking the appropriate box</i>			
Personal Pension Plan	<input type="checkbox"/>	Relevant Statutory Scheme	<input type="checkbox"/>
Free Standing AVC Contract	<input type="checkbox"/>	Occupational Money Purchase Scheme (inc. SSAS)	<input type="checkbox"/>
Buy-out or “Section 32” Contract	<input type="checkbox"/>	Retirement Annuity (“Section 226”) Contract	<input type="checkbox"/>
Occupational Salary Related Scheme	<input type="checkbox"/>	Self-Invested Personal Pension	<input type="checkbox"/>

Address of Trustee/Provider	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	Postcode		
Registration Reference Number	<input style="width: 100%;" type="text"/>		
Policy/Membership Reference Number	<input style="width: 100%;" type="text"/>		
Commencement date	<input style="width: 100%;" type="text"/>		
Amount of Transfer payment	£ <input style="width: 80%;" type="text"/>	as at	<input style="width: 80%;" type="text"/>

Protected Rights	£ <input style="width: 60%;" type="text"/>
Non-Protected Rights	£ <input style="width: 60%;" type="text"/>
TOTAL	£ <input style="width: 60%;" type="text"/>

% OF FUND CRYSTALISED			
Protected Rights		<input type="text"/>	%
Non-Protected Rights		<input type="text"/>	%
% OF LTA USED		<input type="text"/>	%
		Yes	No
PENSION CREDIT:		<input type="checkbox"/>	<input type="checkbox"/>
PENSION DEBIT:		<input type="checkbox"/>	<input type="checkbox"/>
SUBJECT OF COURT ORDER		<input type="checkbox"/>	<input type="checkbox"/>
SUBJECT OF BANKRUPTCY PROCEEDINGS		<input type="checkbox"/>	<input type="checkbox"/>

C INCOME LIMITS FOR CRYSTALLISED TRANCHES

Value	TFC Paid	Max GAD	Min GAD	Review Date	Paid in current tax year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Has any benefit come into payment from the transferring scheme?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Normal Retirement Date under transferring scheme	<input type="text"/>			
3. Date of withdrawal from pensionable service of the Employer (if applicable).	<input type="text"/>			
4. Where the Normal Retirement Date under the transferring scheme is 45 or less then the latest date for payment of member's benefits under those rules should be specified here.	<input type="text"/>			

Signed for and on behalf of the Transferring Scheme	<input type="text"/>		
Print Name	<input type="text"/>	Date	<input type="text"/>