# Pension transfer in form

To transfer benefits from another scheme



#### How to fill in this form:

- Please use black ink and write clearly inside the boxes provided using capital letters.
- Mark your answers with a cross in the appropriate box like this:
- If you make a mistake, please correct it but don't use correction fluid.
- Any applications received that are not completed correctly may incur delays or could be returned to you.
- If you have any queries about this form please call our Customer Services Team on 0800 368 6868

# What's next?

Please send your completed application form to:

Fidelity Workplace Investing Service Centre Beech Gate Millfield Lane Lower Kingswood Tadworth Surrey KT20 6RP

# Reason for transfer

In order to consider your transfer request, we need you to confirm if the purpose of your transfer is to access benefits such as taking a tax-free lump sum, purchasing an annuity or setting up a regular income.

| Are you transferring your pension for the purpose of accessing benefits? (Please select yes or no) |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Yes  | If yes, please read and complete the 'Pension Wise guidance options' section of this form |  |  |  |  |  |
| No 🗌   | If no, please go straight to the 'About you' section of this form                         |  |  |  |  |  |

# **Pension Wise guidance options**

If you are accessing benefits, we suggest you take Pension Wise guidance in advance of any pension transfer. Below, we have provided information on the Pension Wise service, contact details for you to set up an appointment and space for you to tell us whether you have already received Pension Wise guidance, or if you do not want or need it.

#### What is pensions guidance from Pension Wise?

Pension Wise is a government-backed service provided by MoneyHelper that helps you understand how you can take money from your pension pot. It offers free appointments where you can talk through your retirement options. It is intended to help you make an informed decision about what to do with your pension savings.

## Why should I receive pensions guidance from Pension Wise?

An appointment with Pension Wise will give you a better picture of what your financial situation will be when you retire. You will have an appointment with an independent pension specialist who will provide guidance that is free and impartial. They won't recommend companies or tell you how to use your pension pot or invest your money.

## How to book an appointment with Pension Wise

- To book a free appointment with Pension Wise, you can call 0800 138 3944.
- Appointments can also be booked online by visiting www.moneyhelper.org.uk/nudge-public.
- Alternatively, you can contact us on 0800 3 68 68 68 and we will book an appointment on your behalf.

# Do I have to take pensions guidance from Pension Wise?

We suggest you seek appropriate guidance or advice before accessing any pension benefits, though it is not compulsory. In addition to, or instead of, Pension Wise guidance, you can choose to speak to an authorised financial adviser. You may be charged for this service. You will need to confirm to us whether you have used the Pension Wise service before we can consider the transfer of your pension. You can opt out of using this service, but you still need to let us know you're making that decision.

Please note that if you have already received Pension Wise guidance or regulated advice in relation to your transfer but your circumstances have changed since you received it, we suggest you either contact your adviser or retake Pension Wise guidance prior to returning this form and completing your transfer.

#### What do I do next?

If you are transferring your pension to access pension benefits and wish to receive pensions guidance or advice in relation to your transfer, you should arrange this before you do anything else.

Please select your Pension Wise guidance option below and continue with your transfer application.

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| -  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Pension Wise guidanc   | e options (continued)  |  |  |  |  |  |  |  |  |
| Please confirm your Pension Wise guidance option by selecting ONE of the following   |  |  |  |  |  |  |  |  |  |
| I do not require Pensic  | on Wise guidance as I have received regulated financial advice instead |  |  |  |  |  |  |  |  |
| I have received guidance from Pension Wise (If this option is selected, please tell us the date you received your Pension Wise guidance below)  (DDMMYYYY) |  |  |  |  |  |  |  |  |  |
| I wish to opt out of rec   | eiving Pension Wise guidance   |  |  |  |  |  |  |  |  |
| About you  |  |  |  |  |  |  |  |  |  |
| Title  | Mr Mrs Ms Mx Other:  |  |  |  |  |  |  |  |  |
| Forename(s)  |  |  |  |  |  |  |  |  |  |
| Surname  |  |  |  |  |  |  |  |  |  |
| National Insurance number  | Date of Birth  |  |  |  |  |  |  |  |  |
| House number or name   |  |  |  |  |  |  |  |  |  |
| Street, city, county and country   |  |  |  |  |  |  |  |  |  |
|  | Postcode Postcode  |  |  |  |  |  |  |  |  |
| Name of plan you wish to transfer to   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Fidelity reference   |  |  |  |  |  |  |  |  |  |
| Telephone number   |  |  |  |  |  |  |  |  |  |
| Email address  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

# Details of your other scheme / provider

Please provide details of your other scheme/provider below\*:

| Scheme name or the            |
|-------------------------------|
| orovider of your pension      |
| penefit you wish to transfer* |

|     | <br> | <br> | <br>   |     |   | <br>   |        |           |     | <br> | <br> | <br> |           |  |
|-----|------|------|--------|-----|---|--------|--------|-----------|-----|------|------|------|-----------|--|
|     |      |      |        |     |   |        |        |           |     |      |      |      |           |  |
| - 1 | ll   |      | 1 1    | 1 1 | H | 1 1    | 1 1    | 1 1       | 1 1 |      |      |      | 1 1       |  |
| - 1 | ll   |      | 1 1    | 1 1 | H | 1 1    | 1 1    | 1 1       | 1 1 |      |      |      | 1 1       |  |
|     | ш    |      | $\Box$ |     | l | $\Box$ | $\Box$ | $\square$ |     |      |      |      | $\square$ |  |

| Details of your other scheme / provider (continued)  |                   |  |  |  |  |
|--|-------------------|--|--|--|--|
| Scheme / provider address*   |                   |  |  |  |  |
| House number or name   |                   |  |  |  |  |
| Street, city, county and country   |                   |  |  |  |  |
|  |                   |  |  |  |  |
|  | Postcode Postcode |  |  |  |  |
| Scheme / provider telephone number*  |                   |  |  |  |  |
| Account, membership<br>or arrangement / policy<br>number of your pension<br>benefits you wish to transfer* |                   |  |  |  |  |

If we have been made aware that you will lose any existing benefits by transferring, we will write to you before proceeding with the transfer.

# How will my transfer be invested?

We'll invest your transfer payment the same way we invest your regular payments. If you're not making regular payments, we will use your scheme's default investment strategy. You can then switch into any other available funds.

Log into your PlanViewer account to see the range of funds available to you.

#### Terms and Conditions

#### **Application and confirmation**

- I have read the plan literature and transfer factsheet.
- I understand that this transfer will be bound by the rules of the plan administered by Fidelity.

# Declaration to existing pension provider

- I authorise and instruct you to transfer funds from the plan(s) as listed in the application directly to Fidelity. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.
- I authorise you to release all necessary information to Fidelity to enable the transfer of funds to Fidelity. Please send Fidelity a transfer out pack, including values and any requirements you have of me if I decide to proceed with a transfer. Please also read the enclosed letter from Fidelity and include the details requested.

#### Declaration to Fidelity and existing pension provider

 If an employer is paying contributions to any of the plans as listed in this application, I authorise you to release to that employer any relevant information in connection with the

- transfer of funds from the relevant plan.
- Until this application is accepted and complete, Fidelity's responsibility is limited to the return of the total payment to the current provider.
- Where the payment made to Fidelity represents all of the funds under the plan listed in this application, then payment made as requested will discharge the current provider of all claims and responsibilities in respect of the plan listed.
- Where the payment made to Fidelity represents part of the funds under the plan listed in this application, then the current provider will be discharged of all claims and responsibilities only in respect of the part of the plan represented by the payment.
- I promise to accept responsibility in respect of any claims, losses and expenses that Fidelity and the current provider may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.
- I confirm that, where I am transferring former Safeguarded Rights, I wish to transfer these from the current provider to Fidelity as ordinary rights (Loss of guaranteed benefits).
- I understand that by transferring my pension benefits to Fidelity the charges may be higher or lower and there is no guarantee that transferring my pension account will result in a higher retirement income.

| Please sign and date the declaration below                       |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| I have read and carefully considered the terms and conditions ov | erleaf, and I wish to transfer these benefits. |  |  |  |  |  |
| Signature  | Date signed                                    |  |  |  |  |  |
|  | (DDMMYYYY)                                     |  |  |  |  |  |

<sup>\*</sup> Please complete ALL of the mandatory fields in order for us to be able to instruct the transferring scheme to begin the transfer process. If any information is incomplete or missing, the process may be delayed.