

Pension transfer form

Nucleus client relations, PO BOX 26968, Glasgow G2 9DY.

Please fill in, print off and sign before sending to us at the above address. If any party signs, but fails to date a signature, the date that Nucleus receives the pension transfer form will be deemed to be the date that the signing party signed this agreement.

If you have any questions please contact your Nucleus client relations manager who will be delighted to help.

Personal details

Name

Nucleus reference number (if known)

Adviser name

Adviser firm

Transfer details

Policy or plan number(s)

Is this a full or partial transfer of benefits?

Full

Partial

Estimated transfer value

Guarantee date (if applicable)

Is this a defined benefit scheme?

Yes

No

Ceding scheme details

Scheme name

Address of scheme administrator (if known)

Postcode

Telephone number (if known)

Client authorisation

1. I authorise and instruct you to transfer funds from the plan listed in the ceding scheme details section directly to Nucleus Financial Services Limited and to provide any instructions and/or discharge required by any relevant third party to do so.
2. I authorise Nucleus (the current provider) and any financial intermediary named in this application to obtain from each other, and to release to each other, any information that may be required to enable the transfer of funds to Nucleus.
3. I authorise Nucleus (the current provider) and any employer paying contributions to the plan listed in the ceding scheme details section to obtain from each other, and release to each other, any information that may be required to enable the transfer of funds to Nucleus.
4. Until this application is accepted and complete, Nucleus's responsibility is limited to the return of the total payment to the ceding scheme's provider.
5. When payment is made to Nucleus as instructed, this means I shall no longer be entitled to receive pension benefits from the whole of the plan listed in the ceding scheme details section, where the whole of the plan is transferring, or that part of the plan represented by the payment if only part of the plan is transferring.

Pension transfer form continued

6. I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Nucleus and the ceding scheme's provider may incur as a result of any incorrect, untrue or misleading information in this application or given by me, or on behalf, or of any failure on my part to comply with any aspect of this application. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.
7. I understand that I may lose any rights to take my pension benefits before age 55 if I currently have an agreed lower retirement age with HM Revenue & Customs (HMRC) as a result of my occupation or any protected pension commencement lump sum benefits which I have retained under the previous arrangement unless as part of a block transfer.
8. I understand I may lose rights to enhanced protection or fixed protection unless as a permitted transfer approved by HMRC.
9. I understand the proceeds of this transfer will not be invested nor will benefits be paid until all the relevant information has been obtained from the scheme administrator.

Signed (we require a handwritten signature)

Date