

Pension discharge form

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

Please complete and sign this form before sending it to us at the above address. If you have any questions please contact your Nucleus client relations manager who will be delighted to help.

If any party signs but fails to date a signature, the date that Nucleus receives the pension discharge form will be deemed to be the date that the signing party signed this agreement.

Personal details

Name

Nucleus reference number (if known)

N

Address

Postcode

Telephone

Email address

Estimated transfer value

Note that actual amount will depend on value of assets at date of transfer and may differ from the amount shown.

Are there any earmarking or pension sharing orders applying to these benefits, any transitional protection or are they subject to proceedings in bankruptcy? Yes No

If Yes, give details

Receiving scheme details

Scheme name

Type of Scheme (if known)

Address of Scheme Administrator

Transfer details

Type of transfer (tick as appropriate)

Non-protected rights Protected rights*
Capped drawdown All

*Please note that protected rights were abolished in April 2012; however this is the legacy name of existing PR pension accounts.

Account number(s) being transferred

Postcode

Telephone number (if known)

Is this a full or partial transfer of benefits? Full Partial**

**Partial transfers are not permitted for drawdown accounts.

Pension discharge form continued

Client authorisation

- 1 I authorise that the Scheme administrator release the value of investments held under my account and make payment of the value as an authorised pension transfer to the scheme detailed above. I understand that by doing so I am giving up my rights to some or all of my benefits in my Nucleus Pension account and/or my Nucleus Appropriate Personal Pension account.
- 2 I understand that I may lose any rights to take my pension benefits prior to age 55 if I currently have an agreed lower retirement age with HM Revenue & Customs 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.
- 3 I understand that payment of a pension transfer amount can only be made where the receiving scheme is eligible to receive a pension transfer payment under HM Revenue and Customs rules.
- 4 I understand that 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.
- 5 I understand that HM Revenue & Customs requires the transfer payment to be made to another registered pension scheme and that it is not possible to surrender these benefits for cash.
- 6 I understand that I may lose rights to Enhanced Protection unless as a permitted transfer approved by HMRC.

Signed (must be a 'wet' signature)

Date

Pension discharge form continued

Receiving Scheme

To be completed by the Trustees/Administrators of the Receiving Scheme.

Name of Receiving Scheme

Type of scheme HMRC registration number ASCON /ESCON (if appropriate)

Address for payment of transfer

Postcode

Reference to be quoted

Payment details

Payment of the transfer value will be made by electronic transfer unless you specify that you would prefer to receive a cheque. Please supply your bank account details below.

Bank name

Account name

Bank address

Postcode

Telephone number (if known)

Sort code

Account number

We agree to accept the transfer(s) detailed above and confirm that the Scheme is a Registered Pension Scheme.

Signed (must be a 'wet' signature)

Position

Date