

Details of your other scheme / provider (continued)

Scheme / provider address*

House number or name

Street, city, county and country

 Postcode

Scheme / provider telephone number*

Account, membership or arrangement / policy number of your pension benefits you wish to transfer*

* 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.

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'd invest a new payment for you and will write and let you know when your transfer is complete. 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 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 (no guarantee).
- 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 overleaf, and I wish to transfer these benefits.

Signature

Date signed

 (DDMMYYYY)