

Transfer authority

This form should be completed to give us authority to proceed with your application to transfer part or all of the fund value under the transferring scheme listed in Section 2 into your Aegon Self-invested Personal Pension (Aegon SIPP).

If you're applying for a new Aegon SIPP then this form should be completed and returned with an Aegon SIPP application form. If you're an existing customer then this form should be completed and returned with an Aegon SIPP Transfer top-up form. If a re-registration applies, then an Aegon SIPP Re-registration form should also be completed and returned with this form. These forms can be found at cofunds.aegon.co.uk.

You'll need to complete a separate Aegon SIPP Transfer authority form for each transfer you're making.

You may also need to complete a Discharge form from each transferring scheme manager.

Aegon can't give financial advice and haven't provided any personal recommendations for the transfer being requested.

Please complete this form by typing in the boxes, including the signature box(es) and email it to: aegoncofundsadministration@aegon.co.uk.

Our email system and the way we deal with data internally is secure. However, we're unable to ensure the security of emails before they reach us so please consider this and do not include any personally sensitive, financial or banking information that has not been appropriately secured.

If your personal circumstances mean you need any additional support, or if you'd like a large print, Braille or audio CD version of this document, please call 0345 604 4001 (call charges will vary) or visit – aegon.co.uk/support

1. Customer details

Customer name

Date of birth

D	D	M	M	Y	Y	Y	Y
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Customer number (if known)

3							
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Product number (if known)

National Insurance number

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2. Details of pension to be transferred

2.1 Transferring scheme details

Scheme administrator

Plan number

Scheme name and address

Postcode

Is the transferring scheme a defined benefit pension scheme, for example final salary, or does the transferring scheme or policy include Guaranteed Annuity Rates or any other safeguarded benefits that provide a guarantee or promise such as a Guaranteed Minimum Pension or guaranteed growth rates?

No

Yes – both you and your intermediary must complete the relevant questions in section 4 Financial advice

2.2 Transfer details

Is this a:

full transfer

partial transfer

Is this to be processed as a full or partial re-registration?

No

Yes – please make sure the Aegon SIPP Re-registration form is submitted along with this form.

Is this a block transfer?

Yes

No

Estimated uncrystallised transfer amount

Estimated crystallised transfer amount

3. Declaration and consent

In this declaration:

- 'I' or 'my' means the customer named in section 1;
- 'you' means the trustees and/or scheme administrators of the transferring scheme listed in Section 2, and
- 'Aegon' means Scottish Equitable plc as the provider of the Aegon SIPP and scheme administrator of the Aegon Self Invested Personal Pension Scheme ('the Scheme').

Declaration to Aegon

I declare that the information supplied in this form, and any supplementary forms related to it, including transactional data, is true and complete to the best of my knowledge and belief. I am aware that it is a serious offence to knowingly provide false or misleading information on the form.

I consent to the transfer payment from the transferring scheme listed in Section 2 being paid into the Scheme to provide benefits for me.

Declaration to you

I authorise and instruct you to transfer funds from the plan listed in Section 2 directly to Aegon and to provide any instructions and/or discharge required by any relevant third party to do so. Where you've asked me to give you any original policy document(s) in return for the transfer of funds and I'm unable to do so, I promise that I'll 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 Aegon to enable the transfer of funds to Aegon.

I authorise you to obtain from, and release to the intermediary, any additional information that may be required to enable the transfer of funds.

If an employer is paying contributions to the plan listed in section 2, 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, Aegon's responsibility is limited to the return of the total payment(s) to you.

Where the payment(s) made to Aegon represent(s) all of the funds under the plan listed in section 2, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan listed in section 2.

Where the payment(s) made to Aegon represent(s) part of the funds under the plan listed in section 2, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan represented by the payment(s).

Declaration to Aegon and you

I promise to accept responsibility in respect of any claims, losses and expenses that Aegon and you 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 declare that where the source of the transfer is a retirement annuity contract, that contract is not written under trust.

Where there are drawdown to drawdown transfer payments I:

- i. confirm that where the transfer is from a capped drawdown plan, I have requested, in terms of paragraph 8D or 22D of schedule 28 of the Finance Act 2004, that the plan be converted to a flexi-access drawdown plan under the Scheme;

3. Declaration and consent – continued

- ii. confirm that I am aware that if I take income from a flexi-access drawdown plan as a member, this will trigger the money purchase annual allowance where this has not already been triggered;
- iii. confirm that income withdrawals can currently be taken by me as the original member or surviving spouse, registered civil partner, dependant, nominees or successors from the arrangement(s) of the transferring scheme which are the subject of the transfer payment, and
- iv. agree that no pension commencement lump sum or uncrystallised funds pension lump sum is available from the new arrangements at any time, and no contributions may be paid to the arrangement.

You should sign and date this form by typing your full name in the signature box below and typing the date in the date box. Your typed name in the signature box will be your signature. When you sign the form, by typing your name in this box, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Date

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Print name

Signature (type name here)

X		X
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4. Financial advice

Only complete this section where the transfer is from a defined benefit (final salary) pension scheme or the transferring scheme or policy includes Guaranteed Annuity Rates or any other safeguarded benefits that provide a guarantee or promise such as a Guaranteed Minimum Pension or guaranteed growth rates.

4.1 Advice received – to be completed by the customer

- a Did you receive a personal recommendation from a person authorised by the Financial Conduct Authority (FCA)? This may be your financial adviser or a pension transfer specialist.

No - as the plan you're looking to transfer contains a form of guarantee we're unable to arrange this transfer unless you take financial advice.

Yes - please complete **b** below.

- b Was the personal recommendation to transfer from the plan detailed in Section 2 to your Aegon SIPP?

No

Yes

- c If you answered 'No' to question b above, you should be aware of and understand the consequences of acting against the advice not to transfer. If you don't understand the consequences, please speak to the firm who advised you and ask for an explanation of the advice.

No - we're unable to proceed with your request, please speak to the firm who gave you the advice.

Yes - I understand and still wish to proceed with the transfer.

Date

Signature (type name here)

4.2 Advice provided – to be completed by your intermediary

- a Please provide details below. If you appointed another firm to provide advice for this transfer then they must complete 4.3.

Intermediary name

Intermediary FCA number

Registered address

Postcode

Company name

Network name (if applicable)

- b Did you give the customer a personal recommendation (that was not abridged advice) and that recommendation was to transfer the plan detailed in section 2 to the customer's Aegon SIPP?

Yes

No - If the plan contains a form of guarantee

we can only proceed where the customer confirms in question **4.1c** above that they understand the consequences of acting against the advice given.

No - I appointed another firm to provide advice for this transfer.

Date

Signature (type name here)

4. Financial advice – continued

4.3 Advice provided - to be completed by the intermediary who provided the transfer advice (where this was not your intermediary)

- a Only provide details below, if you were appointed to provide advice for this transfer by the customer’s financial adviser detailed in 4.2 above.

Intermediary name

Intermediary FCA number

Registered address

Postcode

Company name

Network name (if applicable)

- b Did you give the customer a personal recommendation (that was not abridged advice) and that recommendation was to transfer the plan detailed in section 2 to the customer’s Aegon SIPP?

Yes

No - If the plan contains a form of guarantee we can only proceed where the customer confirms in question 4.1c above that they understand the consequences of acting against the advice given.

Date

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Signature (type name here)

X										X
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5. Intermediary declaration

Only sign this declaration where you have completed this form on behalf of the customer named in section 1, when you sign the form, by typing your name in this box, you are making the declarations and confirming that the customer wishes to proceed with the instructions in this form.

By signing this form, by typing your name in the box below, you make the following additional declarations:

You declare that:

- to the best of your knowledge and belief, the information supplied to Aegon on behalf of the customer is true and complete;
- you have the appropriate authority from the customer to complete this form, to make the declarations in this form on their behalf and to provide Aegon with the instructions set out in this form, acknowledging that Aegon reserves the right to request a copy of the authority and failure to provide a copy when requested may result in Aegon being unable to proceed with the instructions; and

- you have discussed the form with the customer and they are aware of its content, they agree to the declarations and agree to you submitting this application on their behalf.
- you hereby indemnify Aegon against all claims, losses, tax charges, penalties and interest incurred or due to be paid by Aegon as a result of my failure to obtain the appropriate authority from the customer and/or supplying incorrect or inaccurate information and Aegon relying on and following the instructions given in this application form.

Date

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Intermediary Signature (type name here)

X		X
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