

This form can be used to transfer your Pension across to Novia. You will need to obtain a Discharge form from each transferring ceding scheme. Once these are completed, please return this form and any additional enclosures to Novia Client Services, PO Box 4328, BATH, BA1 0LR. PLEASE COMPLETE THIS FORM IN CAPITALS USING BLACK INK.

## 1 Investor Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Other	<input type="checkbox"/> Product Wrapper Number	<input type="text"/>
Surname		<input type="text"/>		Date of birth	<input type="text" value="DD/MM/YY"/>
Forename(s)		<input type="text"/>		National Insurance Number	<input type="text"/>
<b>Failure to provide your correct National Insurance Number may mean that Novia cannot collect tax relief on your pension contributions.</b>					
House number/name		<input type="text"/>		Street name	<input type="text"/>
Town/City		<input type="text"/>		County	<input type="text"/>
Country		<input type="text"/>		Postcode	<input type="text"/>

## Notes

Please use this space to provide any additional notes or information; please do not use a separate cover letter for key information.

## 2 Details of your existing Plan Manager

Plan to be transferred – Account number		<input type="text"/>	
Ceding Scheme name		<input type="text"/>	
Building number/name		<input type="text"/>	
Town/City		<input type="text"/>	
Country		<input type="text"/>	
Street name		<input type="text"/>	
County		<input type="text"/>	
Postcode		<input type="text"/>	

## 3 Details of Transfer

Tick here if this is a partial transfer

Estimated transfer amount   Tick here if this is a Pension Credit

(uncrystallised)  (crystallised)

**For block transfers only**

Protected Low pension age  Protected tax-free cash amount

## 4 Declaration

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I authorise, instruct and apply to the existing scheme provider to transfer sums and assets from the plan as listed in Section 2 above and to provide any instructions and/or discharge required by any relevant third party to do so.

I authorise Novia, the existing scheme provider, any contributing Employer and any financial adviser named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Novia.

I accept that in order to comply with regulatory obligations, Novia and the existing scheme provider named in this application may need to verify my identity and residential address, and may use credit reference agency searches and ask for my documents to verify my identity and address.

Until this application is accepted and complete, Novia's responsibility is limited to the return of the total payment(s) to the existing scheme provider.

When payment is made to Novia as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in Section 2 where the whole of the plan(s) is transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Novia and the existing scheme provider may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application.

If I have taken benefits from any pension arrangement, with the current or any other pension provider, in a way which means I am subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me in my application.

I understand that if I am transferring a capped drawdown arrangement(s) to a flexi-access drawdown arrangement(s), I will be subject to the Money Purchase Annual Allowance (MPAA) from the date of my first flexi-access payment.

Print Name

Signature

Date