

Qualified Recognised Overseas Pension Scheme (QROPS) transfer form Where applicable, trustees should complete this form on behalf of the member

1. Your details		
Full Name and Title		
Residential Address		
Policy Number / Scheme and member number		
National Insurance Number	Date of Birth	
Date of leaving service of the employer (if applicable)	Occupation	
Nationality	Country of Residence	
Telephone Number	Email address (optional)	
To comply with current UK mon	y laundering regulations we may need to contact you for further	information
2. Would you mind sharing vo	r reason for taking your retirement savings now?	
Bringing my savings into one p		
I am retiring	I only have a small fund	
I need the funds now	Other (please specify)	
3. QROPS details		
s. Qitoi s details		
Name and address of the QROF receiving the transfer		
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4. Details of the transfer				
Are you transferring to an income drawdown policy?		Yes	No	
If no, are you taking your retirement saving or at a later date?	ngs immediately,	Immediately	Later date	
Have you 'flexibly accessed' any retirement savings, either with us or another provider, since 6 April 2015? For example by taking an 'Uncrystallised Funds Pension Lump Sum'.		Yes, on:/ Enter date	/ ge you first did this	
Have you completed and enclosed HMRC form 'Member information APSS263'?		Yes	No	
Have you read and understood the leaflet produced by The Pensions Regulator on investment scams?		Yes	No	
Are you aware there could be an overseas transfer charge (currently 25%) applied on transfer up to five tax years after transfer?		Yes	No	
5. Payment details				
Payment method: BACS Telegra	aphic transfer (£30 fe	ee applies, deducted fro	om transfer value)	
Bank/Building Society name and branch address				
Account name				
Account number or IBAN for non-UK				
Sort code or swift/international sort code for non-UK				
Reference number for Building Society accounts				
6. Lifetime Allowance Protection				
Do you have either:			Yes No	
a) transitional protection (either enhanced; primary; fixed or individual); or b) an enhanced lifetime allowance (eg where a divorce credit applies)?				
If yes, kindly send us:				
 a copy of the HMRC certificate if y a copy of your online confirmation 	•			
 a copy of your online confirmation, or your Protection Notification Number and Scheme Administrator Reference below: 				
Protection Notification Number	: Scheme	Administrator Referen	ce:	
7. Other retirement savings (not application)	ble for Managed Pensi	on policies - go to sectio	n 9)	
Is the value of your total retirement savir	_			
Yes - go to section	8 No - go	o to section 9		
 Don't include: any spouse or dependant's benefits you are receiving any state pension benefits due or in 	 any retirement (excluding triv 	rings from this policy t savings already taken ial and small funds)	·	
any retirement savings you are not	same time as t	ement savings you are this policy; if these are alue is the annual amou	from a final salary	
taking, or transferring overseas, until a later date	• the annual amo	duction of tax, multiplied ount of any pensions in	payment, before	
		of tax, multiplied by 2! eing transferred overse licv		

8. Details of oth	er retirement savi	ngs - only if you have an	swered Yes to question 7	
A. Pension polici	ies in payment bef	ore 6 April 2006		
Detail your Provider(s)	Pension or drawdown?	Enter your current annual amount of pension or, for income drawdown, enter the current maximum income allowed		
B. Pension polici	es in payment fro	m or after 6 April 2006		
Detail your	Pension or	Enter the % of		
Provider(s)	drawdown?	Lifetime Allowance used	Enter date taken or put into payment	
C. Lump sum pay	ments received si	nce 6 April 2006		
Detail the Provider(s)	What Type of lump sum? Stand Alone (100% tax free cash), Flexible or Serious III Health	Enter the % of Lifetime Allowance used	Enter date taken	
Pensions savings Detail your		aken or transferred at th	ne same time as your Utmost Life and alue	
Provider(s)				
E. Final Salary be Pensions Savings	_	n or transferred at the sa	ame time as your Utmost Life and	
Detail your	Policy type(s)	Enter the current annual pension payable, before the deduction		
Provider(s)	7 5 10 3 7 5 (5)	of tax, plus tax free cash	n if payable in addition	
F. Any retiremen	nt savings transfer	red to a QROPS since 6 A	pril 2006	
Detail your Provider(s)	Policy type(s)	Enter the % of Lifetime A	Allowance used	
	All	values must be given in U	K sterling	

9. Declaration by policyholder/trustees

I/We declare that:

Cianad by policybolders

- 1. To the best of my/our knowledge and belief all the statements made in connection with this form are true and complete.
- 2. I/We elect for the payment of the funds under the Policy ("the Policy") in accordance with the following statements.
- 3. The instructions given in this form shall be irrevocable.
- 4. I/We agree that full payment of the transfer value available under the Policy in accordance with its terms by you shall constitute a discharge of your obligation to make payments under the Policy.
- 5. For the avoidance of doubt, this release shall not act so as to prohibit me/us from bringing any claim for any act or omission by you.
- 6. I/We also understand that if any further tax becomes payable because the information I/we have provided above proves to be incorrect then I/we understand that I/ we will be wholly and personally liable for the tax charge due and any resultant penalty as may be imposed by HM Revenue & Customs.
- 7. I/We agree to indemnify and hold harmless Utmost Life and Pensions against all demands, losses, liabilities, damages, costs and expenses (including legal fees) which may arise from Utmost Life and Pensions acting on my payment instructions, including any claim from a third party in relation to the payment.
- 8. I/We consent to Utmost Life and Pensions providing information to HM Revenue and Customs to allow them to comply with their obligations. I/We also consent to Utmost Life and Pensions providing information to any other pension providers I/we may have, as is required by annual allowance reporting requirements.
 - I understand if my circumstances change within the next five years an overseas transfer charge may be applied.

signed by policyholder:	
Print name:	
Signature:	_ Date
Additional declaration for trustees/scheme administrat	cors where applicable:
I/We confirm we have checked the receiving scheme me	ets the requirements of a QROPS.
Signed for and on behalf of the trustees:	
Print name:	Position
Signature:	_ Date

10. Section to be completed by the QROPS
Please send us a copy of literature relating to the scheme. For example scheme rules, product particulars or key features documents.
Information enclosed Information to follow
Declaration
 For all policies: I/We confirm that the receiving scheme is capable of accepting the transfer and the transfer will be accepted into the scheme.
 And where an Income Drawdown policy is being transferred into the scheme: the benefits provided by the scheme will be on a like for like basis to those provided under the transferring scheme. no other lump sums or assets are held under the receiving scheme. no further lump sum will be paid from the value received. the receiving scheme undertakes to continue to apply the same review year, review cycle and maxima (including future income reviews) as would have been applied by the transferring scheme and we understand that the member may be liable to an unauthorised payment charge if any of these conditions are not met whilst the member is regarded as a UK resident and for 5 tax years after the end of the tax year in which the member ceases to be regarded as a UK resident. I understand if the member's circumstances change within the next five years, an overseas transfer charge may be applied. Note: It is the responsibility of the receiving scheme to ensure their appropriate tax authorities will allow a
transfer from a UK Pension Scheme into their scheme. Utmost Life and Pensions will not take any responsibility for ensuring that the scheme is capable of receiving the transfer.
Permission is hereby given to HM Revenue & Customs to confirm to Utmost Life and Pensions the current Qualifying Recognised Overseas Pension Scheme status of the receiving scheme.
Print name:
Signature:
Date:
Position:
Company:
Scheme manager's name:(Individual or Organisation)
Scheme manager's email address:
Scheme manager's phone number:

Please return the original hard copy of this form. Copies cannot be accepted.

REST ASSURED

Calls may be recorded for training or monitoring purposes.

Contact us at: Walton Street, Aylesbury, Bucks, HP21 7QW Tel: 0330 159 1530 Fax: 0845 835 5765: www.utmost.co.uk
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