

COFUNDS PENSION ACCOUNT TRANSFER REQUEST FORM

for existing clients

Also available on the Aegon website:

Cofunds Pension Account Drawdown Transfer Request Form – transfer a pension plan from which full or partial benefits are being taken into an **existing** Cofunds Pension Account.

We recommend that you complete this form in conjunction with your adviser/intermediary.

This form must be completed if you are transferring a plan, from which you are not taking benefits, to your Cofunds Pension Account.

A separate copy of this form must be completed where more than three schemes are being transferred.



Please complete this form and return it to:
**Aegon Cofunds Administration, PO Box 17491,
Edinburgh, EH12 1PB**

Section 1

Client details

Product number	8								
Mr/Mrs/Miss/Ms/Other - please specify									
Full forename(s)									
Surname									

When completing date fields please use the usual **DD/MM/YYYY** format.

Section 2

First scheme to be transferred

2A. Scheme details

Full name of transferring scheme			
Type of scheme being transferred (e.g. personal pension)			
Name of scheme administrator/ trustee/insurance company			
Scheme administrator/trustee/ insurance company address			
	Postcode		
Policy/account number (if applicable)			
Transfer value	£		

Please check with the current scheme provider if discharge forms are required. If so, please enclose them with this form. Not enclosing these may result in a delay to the transfer.

Is the transferring scheme a full or partial transfer?

<input checked="" type="checkbox"/>	Full		
<input checked="" type="checkbox"/>	Partial – Amount transferred: £	or	%

Is the transferring scheme a defined benefits pension scheme, for example, a final salary scheme?

<input checked="" type="checkbox"/>	Yes		
<input checked="" type="checkbox"/>	No – does the transferring scheme include:		
	Guaranteed Annuity Rates	Yes	No
	Any other safeguarded benefits that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP) or guaranteed growth rates	Yes	No

If you are not sure, please check with your current scheme.

<input checked="" type="checkbox"/>	If yes to any question, I confirm that a suitably authorised financial adviser recommended that I transfer the scheme. We will not accept this transfer unless you have received a recommendation from a suitably authorised financial adviser to transfer the scheme.
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If the adviser/intermediary named in Section 5 gave this advice they will be required to sign and complete Section 5. If they didn't give this advice but you would still like to transfer the scheme you are required to seek transfer advice from an authorised adviser who should confirm their recommendation to transfer by completing Appendix I.

Section 2

First scheme to be transferred – continued

2B. Assets to be transferred

<input checked="" type="checkbox"/>	The transfer payment will comprise only cash
<input checked="" type="checkbox"/>	Other assets are to be transferred as investments (i.e. transferring investments without selling them). Please ensure that the current scheme administrator permits this. Please include one of the below :
<input checked="" type="checkbox"/>	A full fund list including the number of units and SEDOL codes is enclosed
<input checked="" type="checkbox"/>	A completed Investment Transfer Schedule is enclosed

i
Any funds that are not available in the Cofunds Pension Account must either be sold before the transfer is made or remain with the current scheme.

Section 3

Second scheme to be transferred

3A. Scheme details

Full name of transferring scheme	<input type="text"/>
Type of scheme being transferred (e.g. personal pension)	<input type="text"/>
Name of scheme administrator/ trustee/insurance company	<input type="text"/>
Scheme administrator/trustee/ insurance company address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Policy/account number (if applicable)	<input type="text"/>
Transfer value	£ <input type="text"/>

i
Please check with the current scheme provider if discharge forms are required. If so, please enclose them with this form. Not enclosing this may result in a delay to the transfer.

Is the transferring scheme a full or partial transfer?

<input checked="" type="checkbox"/>	Full
<input checked="" type="checkbox"/>	Partial – Amount transferred: £ <input type="text"/> or <input type="text"/> %

Is the transferring scheme a defined benefits pension scheme, for example, a final salary scheme?

<input checked="" type="checkbox"/>	Yes				
<input checked="" type="checkbox"/>	No – does the transferring scheme include:				
	Guaranteed Annuity Rates	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Any other safeguarded benefits that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP) or guaranteed growth rates	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	If yes to any question, I confirm that a suitably authorised financial adviser recommended that I transfer the scheme				

i
If you are not sure, please check with your current scheme.

We will not accept this transfer unless you have received a recommendation from a suitably authorised financial adviser to transfer the scheme.

If the adviser/intermediary named in Section 5 gave this advice they will be required to sign and complete Section 5. If they didn't give this advice but you would still like to transfer the scheme you are required to seek transfer advice from an authorised adviser who should confirm their recommendation to transfer by completing Appendix I.

3B. Assets to be transferred

<input checked="" type="checkbox"/>	The transfer payment will comprise only cash
<input checked="" type="checkbox"/>	Other assets are to be transferred as investments (i.e. transferring investments without selling them). Please ensure that the current scheme administrator permits this. Please include one of the below :
<input checked="" type="checkbox"/>	A full fund list including the number of units and SEDOL codes is enclosed
<input checked="" type="checkbox"/>	A completed Investment Transfer Schedule is enclosed

i
Any funds that are not available in the Cofunds Pension Account must either be sold before the transfer is made or remain with the current scheme.

4A. Scheme details

Full name of transferring scheme	<input type="text"/>
Type of scheme being transferred (e.g. personal pension)	<input type="text"/>
Name of scheme administrator/trustee/insurance company	<input type="text"/>
Scheme administrator/trustee/insurance company address	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Policy/account number (if applicable)	<input type="text"/>
Transfer value	£ <input type="text"/>

i Please check with the current scheme provider if discharge forms are required. If so, please enclose them with this form. Not enclosing this may result in a delay to the transfer.

Is the transferring scheme a full or partial transfer?

<input checked="" type="checkbox"/>	Full
<input checked="" type="checkbox"/>	Partial – Amount transferred: £ <input type="text"/> or <input type="text"/> %

Is the transferring scheme a defined benefits pension scheme, for example, a final salary scheme?

<input checked="" type="checkbox"/>	Yes				
<input checked="" type="checkbox"/>	No – does the transferring scheme include:				
	Guaranteed Annuity Rates	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Any other safeguarded benefits that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP) or guaranteed growth rates	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	If yes to any question, I confirm that a suitably authorised financial adviser recommended that I transfer the scheme				

i If you are not sure, please check with your current scheme.

We will not accept this transfer unless you have received a recommendation from a suitably authorised financial adviser to transfer the scheme.

If the adviser/intermediary named in Section 5 gave this advice they will be required to sign and complete Section 5. If they didn't give this advice but you would still like to transfer the scheme you are required to seek transfer advice from an authorised adviser who should confirm their recommendation to transfer by completing Appendix I.

4B. Assets to be transferred

<input checked="" type="checkbox"/>	The transfer payment will comprise only cash
<input checked="" type="checkbox"/>	Other assets are to be transferred as investments (i.e. transferring investments without selling them). Please ensure that the current scheme administrator permits this. Please include one of the below :
<input checked="" type="checkbox"/>	A full fund list including the number of units and SEDOL codes is enclosed
<input checked="" type="checkbox"/>	A completed Investment Transfer Schedule is enclosed

i Any funds that are not available in the Cofunds Pension Account must either be sold before the transfer is made or remain with the current scheme.

Section 5**Adviser/Intermediary details (for adviser/intermediary use only)**

Adviser/intermediary name

Firm name

5A. Advice given

Did you advise your client on the suitability of transferring any employer-sponsored schemes to the Cofunds Pension Account?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Did you advise your client to transfer any safeguarded benefits to the Cofunds Pension Account?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>

5B. Authorisation

I/We also confirm that:

 I/we have provided my/our client with the details of the fees appropriate to their investment (if applicable).

Signed	<input type="text" value="X"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adviser/Intermediary name	<input type="text"/>	FCA Reference Number (Firm)	<input type="text"/>							
Firm name	<input type="text"/>	Position	<input type="text"/>							

Section 6**Declaration**

It is a serious offence to make false statements. The penalties are severe. False statements could lead to prosecution.

6A. Please read and sign the declaration below to authorise the transfer(s):

I declare that to the best of my knowledge and belief the statements made in this section (whether in my handwriting or not) are correct and complete.

I hereby consent to Suffolk Life obtaining details from the administrator/trustee or insurance company or other pension provider of any scheme, contract or arrangement of which I am or have been a member in connection with the transfer and authorise the giving of such details to Suffolk Life.

I also consent to my adviser/intermediary obtaining the same details.

While Suffolk Life will request transfers in a timely manner, I understand that Suffolk Life is not responsible for the timely completion of the transfer.

I understand that Suffolk Life will not request any in specie transfer until all of the information requested has been provided.

I wish for the pension scheme benefits detailed to be transferred to my Cofunds Pension Account.

6B. Declaration to the administrator of the transferring scheme(s)

I authorise and instruct you to transfer funds from the plan(s) as listed above directly to Suffolk Life. 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 to accept responsibility for any claims, losses and expenses of any nature which you may incur as a result of having made the transfer(s) listed above.

I authorise you to release all necessary information to Suffolk Life to enable the transfer of funds to Suffolk Life.

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

If an employer is paying contributions to any of the plans as listed above, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

Until this application is accepted and complete, Suffolk Life's responsibility is limited to the return of the total payment(s) to the administrator of the transferring scheme(s).

Where the payment(s) made to Suffolk Life represent(s) all of the funds under the plan(s) listed above, then payment made as requested will discharge the administrator of the transferring scheme of all claims and responsibilities in respect of the plan(s) listed.

Where the payment(s) made to Suffolk Life represent(s) part of the funds under the plan(s) listed above, then the administrator of the transferring scheme will be discharged of all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s).

6C. Declaration to Suffolk Life and the administrator of the transferring scheme(s):

I promise to accept responsibility in respect of any claims, losses and expenses that Suffolk Life and the administrator of the transferring scheme may incur as a result of any incorrect information provided by me or of any failure on my part to comply with any aspect of this transfer form.

Client signature	<input type="text" value="X"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client name	<input type="text"/>									

Adviser details

Name of authorised individual	<input type="text"/>
Full name of regulated organisation	<input type="text"/>
Regulator's reference number for organisation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Regulator's reference number for individual	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>

Please complete this section, in full, if you are not the client's current adviser as known to Aegon.

This section should be completed by a suitably authorised UK adviser if advice has been given on transfers from schemes containing safeguarded benefits.

If the regulated organisation is an appointed representative or part of a network, please give details below.

Name of principal or network	<input type="text"/>
Regulator's reference number for principal or network	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Declaration (to be completed and signed if the client has stated they have sought advice in transferring a scheme containing safeguarded benefits)

Please confirm whether you have provided advice to your client on transferring a scheme containing safeguarded benefits into the Cofunds Pension Account:

<input checked="" type="checkbox"/>	I confirm that I have recommended the client (as named in Section 1) to transfer his/her pension scheme(s) containing safeguarded benefits to the Cofunds Pension Account.
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Name	<input type="text"/>		
Position in organisation	<input type="text"/>		
Adviser signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

The Cofunds Pension Account is provided by Suffolk Life Pensions Limited (Suffolk Life) 153 Princes Street, Ipswich, Suffolk IP1 1QJ. Registered in England and Wales number 1180742. Suffolk Life is authorised and regulated by the Financial Conduct Authority (FCA). FCA registration number 116298.

All assets held in the Cofunds Pension Account are legally owned by Suffolk Life Trustees Limited and are held on the Aegon Platform provided by Cofunds Limited (Cofunds). Registered address: Level 43, The Leadenhall Building, 122 Leadenhall Street, London, EC3V 4AB. Registered in England and Wales No. 3965289. Authorised and regulated by the Financial Conduct Authority (FCA) under FCA Registration No. 194734.

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