



ReAssure

TRANSFER IN

– Professional Pension Account (ACA, ERA, PRA, SPA)

WITH THIS FORM YOU CAN:

- transfer a pension into any of the following:
 - Additional Contribution Account (ACA)
 - Executive Retirement Account (ERA)
 - Personal Retirement Account (PRA)
 - Select Personal Pension Account (SPA).

This form cannot be used for:

- transfer of benefits from a final salary scheme
- any transfer that includes funds in capped or flexi-access drawdown
- block transfers that may protect tax-free cash entitlements and/or a protected early retirement age

We regularly update our forms; your financial adviser can confirm this is the latest version by checking the literature library on our website www.reassure.co.uk



COMPLETING THIS FORM

- Complete this form using BLOCK CAPITALS and blue or black ink. For dates, please use the format day/month/year.
- Missing or unclear information may result in a delay in processing, or even the return of this form. We are unable to correct errors or omissions by you or your financial adviser retrospectively.
- All references to ReAssure in this application mean ReAssure Life Limited.



SEND YOUR COMPLETED FORM AS FOLLOWS:

- Once complete, this form should be signed and sent to:
ReAssure, Old Mutual House, Portland Terrace, Southampton SO14 7AY.



THE IMPORTANCE OF FINANCIAL ADVICE

- This application contains technical and legal terms with which you may not be familiar. You should therefore complete it with the help of your financial adviser.

D | TRANSFER PAYMENTS

NOTE

- **Please complete a transfer authority for each transfer; transfer authorities are at the end of this form.**
- Before we can accept the transfer, we will need confirmation of the transfer payment details from the Transferring Scheme Administrator.
- Please complete the table below to provide details of the pension plans you want to transfer from other providers.
- If you have more than two transfers, please provide the same information for each one by using a copy of this page and attach it to this application.

	TRANSFER NUMBER	
	1	2
A. Amount of transfer payment ▶ <i>Minimum £500</i>	£	£
B. Does this represent the full value of the plan you wish to transfer? If No, we will request a partial transfer for the amount above.	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
C. Transferring scheme provider's name		
D. Plan number		
E. Is the current plan subject to any existing or proposed: <ul style="list-style-type: none"> • trustee in bankruptcy orders? • earmarking orders? • pension sharing orders? • other receiving orders? <p><i>* If you have answered 'Yes' to any of the questions above, please contact us on 0808 171 2600 so that we can determine whether we can proceed with the transfer.</i></p>	Yes* <input type="radio"/> No <input type="radio"/> Yes* <input type="radio"/> No <input type="radio"/> Yes* <input type="radio"/> No <input type="radio"/> Yes* <input type="radio"/> No <input type="radio"/> ▶ please specify <input type="text"/> <input type="text"/>	Yes* <input type="radio"/> No <input type="radio"/> Yes* <input type="radio"/> No <input type="radio"/> Yes* <input type="radio"/> No <input type="radio"/> Yes* <input type="radio"/> No <input type="radio"/> ▶ please specify <input type="text"/> <input type="text"/>
F. Is the transfer from an occupational pension scheme, or any other registered pension scheme that holds safeguarded benefits?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

G. If Yes, this section must be completed by your FINANCIAL ADVISER for the application to be accepted.

Does your firm have the FCA's permission to advise on pension transfers and opt-outs?

Yes No

If No, provide details below of the firm with the pension transfer and opt out authorisation that has provided advice with regard to the transfer:

Name and address of firm:

FCA registration number

Have you given full advice to the client in respect of this transaction? Yes No

Have you given abridged advice to the client in respect of this transaction? Yes No

Is the client deemed an insistent client? Yes No

Was the recommendation to transfer and to give up the safeguarded benefits? Yes No

Please note if full advice was not given and if the personal recommendation was to not transfer in, we will not be able to proceed with the transfer.

E MONEY PURCHASE ANNUAL ALLOWANCE DECLARATION

You do not need to complete this section if you have already provided the information to ReAssure

Have you taken any benefits from any pension arrangements with ReAssure or any other pension provider, in a way that means you are subject to the Money Purchase Annual Allowance (MPAA) which limits the total contributions that can be paid to money purchase registered pension schemes to £4,000 a year?

Yes

No

If Yes, please confirm the date on which the MPAA first applied to you:

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F DECLARATION, APPLICATION AND PERSONAL DATA STATEMENT

You must complete this section.

Any omission or misstatement of a material fact in this application form could affect the payment of benefits under the arrangements comprising the Additional Contribution Account, Executive Retirement Account, Personal Retirement Account or Select Personal Pension Account. A material fact is one which is likely to influence the assessment and acceptance of this application. If you are uncertain whether a fact is material, you should give full details so that we can assess its possible significance. If you become aware of such a fact while we are considering your application, you should notify us immediately.

Declaration

I request that the changes detailed in this application are made to my plan.

- I declare that to the best of my knowledge and belief the statements made in this application and declaration and any related documents are correct and complete and that I have not concealed any material fact.
- I agree to supply information relevant to the pension plan as shall be required by ReAssure from time to time.

Portfolio Rebalancing

If Portfolio Rebalancing applies to my plan, I understand that:

- my instructions will automatically be cancelled as a result of this application.
- a new set of Portfolio Rebalancing instructions will be required should I wish to reinstate the instructions.

Transfer payments

- I authorise and instruct you to transfer sums and assets from the plan(s) listed in this application directly to ReAssure and to provide any instructions and/or discharge required by any relevant third party to do so.
- I authorise ReAssure, the current provider and any financial intermediary 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 ReAssure.
- I authorise ReAssure, the current provider and any employer paying contributions to any of the plan(s) listed in the application to obtain from each other, and to release to each other, any information that may be required to enable the transfer of sums and assets to ReAssure.
- Until this application is accepted and complete ReAssure's responsibility is limited to the return of the total payment(s) to the current provider(s).
- When the payment is made to ReAssure as requested, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in the application where the whole of the plan(s) is/are transferring, or that part of the plan(s) represented by the payments if only part of the plan(s) is/are transferring.
- I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that ReAssure and the current provider may incur as a result of any incorrect, untrue, misleading or inaccurate information in this application or given by me, or on my behalf, or any failure on my part to comply with any aspect of this application. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.
- I agree to supply information relevant to the pension required by the Scheme Administrator from time to time.
- If I have taken benefits from any pension arrangement with the current, or any pension provider, in a way that means I am subject to the Money Purchase Annual Allowance (MPAA), I will supply the date the MPAA first applied to me.

Application

I understand that the Account will comprise additional arrangements for each transfer payment(s) in accordance with the Terms and Conditions of the Account concerned.

Personal information

I confirm that I have been shown and have read ReAssure's privacy notice concerning use of my personal information, available at www.reassure.co.uk/privacy-notice.

Signature of Applicant

Date

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The Scheme Administrator undertakes on behalf of ReAssure Life Limited to administer the Scheme in accordance with the Rules.

A copy of this completed application form and the Member's Guide are available on request.

ReAssure

PO Box 37
Old Mutual House
Portland Terrace
Southampton
SO14 7AY
T: 0808 171 2600

www.reassure.co.uk

ReAssure Life Limited, Registered Office: Windsor House, Telford Centre, Telford, Shropshire, TF3 4NB.

Registered in England No. 1363932.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Firm reference number 110462.

RE0196/220-0196/May 2021