

Please complete this form when transferring benefits from a Registered Pension Scheme.

## Member Details

Member Name			
Date of Birth		Member No (if known)	
Scheme Name			
Scheme Address			
	Postcode		
Scheme Reference No.			
Estimated Value	£ <input type="text"/>		

Primary Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	HMRC Reference Number	<input type="text"/>
	(If yes please provide reference no.)			
Enhanced Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	HMRC Reference Number	<input type="text"/>
	(If yes please provide reference no.)			
Is this a partial/split Transfer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
In Specie Transfer	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are any benefits in payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

## Declaration

- I consent to Yorssas Ltd 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 Yorssas Ltd.
- I agree that a copy of this request to transfer and any other documents shall be binding as though it were the original.
- I request that the administrator of the transferring scheme applies the whole of my available transfer from that arrangement, except any part relating to Protected Rights benefits, to the Scheme.

Please note that it is a serious offence to make false statements. The penalties are severe. False statements could lead to prosecution.

**Members Signature**

Date