

Personal Pension Plan

# Receiving Scheme Declaration Form

## Important Information

Customer to complete sections 1 and 2 and pass form to Receiving Scheme Administrator to complete sections 3 to 9.

### 1. MEMBER DETAILS

|                               |  |
|-------------------------------|--|
| Mr/Mrs/Miss/Ms or other title | <input type="text"/>   |
| Surname                       | <input type="text"/>   |
| First name(s)                 | <input type="text"/>   |
| National Insurance Number     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Date of birth                 | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y      |

### 2. DETAILS OF LF PERSONAL PENSION PLAN(S) TO BE TRANSFERRED

|                                    |                      |
|------------------------------------|----------------------|
| LF Personal Pension Plan number(s) | <input type="text"/> |
|                                    | <input type="text"/> |
|                                    | <input type="text"/> |

### 3. RECEIVING SCHEME DETAILS

|  |                      |
|--|----------------------|
| Scheme name                                  | <input type="text"/> |
| Address                                      | <input type="text"/> |
|  | Postcode             |
| Telephone number                             | <input type="text"/> |
| Reference to be quoted on all correspondence | <input type="text"/> |

**4. TYPE OF SCHEME**

- Registered Defined Benefit Occupational Pension Scheme
- Registered Defined Contribution Occupational Pension Scheme
- Registered Personal Pension Scheme
- Other

If Other please provide details

**5. HMRC SCHEME REGISTRATION NUMBER**

Scheme number

**6. SELF-ADMINISTERED SCHEME**

The receiving scheme is a self-administered scheme and we authorise HMRC to provide LFS with confirmation of the status of the receiving scheme.  Yes  No

**7. SCHEME BANK DETAILS**

All transfer funds are paid by BACS, please provide the scheme bank details.

Name of account

Name of bank

Account number

Sort code  -  -

Address of bank

Postcode

Reference to be quoted

**8. RECEIVING SCHEME DECLARATION**

We confirm that all details provided on this form are true and correct.

The transfer value received by us will be applied to provide benefits that are consistent with HMRC conditions of approval for the member named in section 1.  Yes  No

**9. RECEIVING SCHEME ADMINISTRATOR AUTHORISED SIGNATURE**

Print full name (in **BLOCK CAPITALS**)

Position

Signature

Company Stamp

Date

Please return the completed Receiving Scheme Declaration form to:

LFS  
PO Box 1043  
Cheltenham  
GL50 9JB