

Personal Pension Plan

# Transfer out authority and discharge form

## Important Information

Please complete this form if you are transferring your pension savings to an alternative provider.

### 1. YOUR DETAILS

Mr/Mrs/Miss/Ms or other title	<input type="text"/>
Surname	<input type="text"/>
First name(s)	<input type="text"/>
Permanent address	<input type="text"/>
	<input type="text" value="Postcode"/>
Telephone number	<input type="text"/>

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

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

### 3. RECEIVING SCHEME DETAILS

Name of receiving scheme	<input type="text"/>
Permanent address	<input type="text"/>
	<input type="text" value="Postcode"/>
Telephone number	<input type="text"/>

**4. AUTHORITY TO PROVIDE RECEIVING SCHEME WITH INFORMATION**

I authorise LFS to release all necessary information to the receiving scheme detailed in section 3 to enable the transfer of funds to the scheme.

Yes

No

**5. AUTHORITY TO TRANSFER FUNDS**

I authorise LFS to transfer the funds from my LF Personal Pension Plan(s) detailed in section 2 to the receiving scheme detailed in section 3 on receipt of all required documentation.

Yes

No

**6. FUND VALUE**

I understand that the fund value transferred to the receiving scheme detailed in section 3 will be determined by the fund prices on the day LFS receive all the requirements to fulfil my transfer request. This may be less than the fund value stated on the date that this transfer and discharge form was issued to me.

Yes

No

**7. DISCHARGE**

I understand that the payment made to the receiving scheme detailed in section 3 will represent all of the funds under the Plan(s) listed in section 2 and that this payment will discharge LFS of all claims and responsibilities in respect of the Plan(s) listed.

Yes

No

**8. GUIDANCE AND ADVICE**

I confirm that LFS have recommended that I seek guidance or advice before making a decision about my retirement options.

Yes

No

I confirm that I have been provided with information about Pension Wise, the government service offering free, impartial guidance about my retirement options and the tax implications of those options.

Yes

No

I confirm that I have used the Pension Wise guidance service before deciding to transfer all of my LFS pension savings to the receiving scheme detailed in section 3.

Yes

No

I confirm that I have received advice from a regulated financial adviser before deciding to transfer all of my LFS pension savings to the receiving scheme detailed in section 3.

Yes

No

**9. CUSTOMER SIGNATURE & CONFIRMATION**

Print name (in **BLOCK CAPITALS**)

Signature:

Date:

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I confirm that the information given is correct. I understand that once I transfer out of the LF Personal Pension Plan, my membership of this scheme finishes and I will lose all benefits in this scheme including any death benefits and dependant's pensions.

Once completed, please return to **LFS, PO Box 1043, Cheltenham GL50 9JB** along with any supporting documentation outlined in the covering letter.

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