

# SCOTTISH WIDOWS

## SAFEGUARDED BENEFITS TRANSFER DECLARATION

This form must be used once a pension transfer with safeguarded benefits has been submitted on the Scottish Widows Platform. Please submit the signed, completed declaration with the transfer pack and any additional documentation requested. Failure to complete this declaration will delay your client's transfer.

### Section 1. Applicant details

Account holder:

Account Number:

Ceding scheme plan no.:

Ceding scheme name:

Type of pension scheme:

Personal Pension  Occupational Money-Purchase Scheme  Defined Benefit  Buy-out Plan (e.g. Section 32)

Other (please state):

### Section 2. Important Notes

If this application is part of a block transfer, please submit it with all other participants in the transfer.

If the scheme is a former EPP, SSAS or LSAS, please send us the names and addresses of each trustee and details of the members' employer.

If PCLS has been taken with a view to buying an Open Market annuity, please note that the remaining funds need to be designated into drawdown before we can accept this transfer.

### Section 3. Declaration – Pension Transfer Specialist Adviser to complete.

Please tick to confirm.

I confirm in respect of the proposed transfer from the above named transferring scheme that:

I am qualified to provide financial advice in respect of pension transfers, as defined by the FCA, and my firm has the appropriate FCA permissions to provide advice on pension transfers and opt outs.

I have provided advice to the above named applicant and recommended that they proceed with this transfer.

I have confirmation from the client that they fully understand the implications of giving up any safeguard or benefits within the ceding scheme, and my recommendation takes into account the suitability of the underlying investments held within the receiving scheme.

I confirm the transfer is not from a public sector Defined Benefit Scheme.

I declare that to the best of my knowledge, the information provided in this application is true and complete.

Pension Transfer Specialist Adviser Name:


Company:

FCA No.:

Signature: 

Date: | D | D | M | M | Y | Y | Y | Y |

Please send the signed, completed declaration together with any supporting information, to: [service@scottishwidowsplatform.co.uk](mailto:service@scottishwidowsplatform.co.uk)

 0330 024 2345

 [service@scottishwidowsplatform.co.uk](mailto:service@scottishwidowsplatform.co.uk)

 [scottishwidows.co.uk/platform](http://scottishwidows.co.uk/platform)