

# The Personal Range

Individual Stakeholder Pension – Transfer Value Account

Your application to transfer-in

# The Personal Range – Individual Stakeholder Pension

## Your application to transfer-in

**Important: Only complete this form when you have read the Key Features leaflet and illustration.**

Please use BLOCK CAPITALS and tick the appropriate boxes. We can send you a copy of the completed application and/or a copy of the full terms and conditions of the scheme if you ask us to.

**The completed application form is required by Friends Provident.**

**This form cannot be used to invest pension credits arising from a divorce/dissolution of civil partnership into the scheme and cannot be used for the transfer of unsecured pension. There are separate forms for this purpose.**

### Part 1 – to be completed by the applicant

Your title  Mr  Mrs  Miss  Other Please Specify

Your surname

Your forename(s)

Your national insurance no.

Do you have an existing Personal Range Account?  Yes  No

If Yes, please state your membership number

If No, please give the following additional information:

Your permanent home address   
  
  
Town  County

Your postcode

Your gender  Male  Female

Your date of birth

Your daytime telephone number

Your evening telephone number

Age when you wish to retire (selected retirement age)  (Age 55 - 75)

If you do not enter your choice in this box, your account will have a selected retirement age of 65.

Note: You may choose any age between 50 and 75 if your date of birth is 5 April 1960 or earlier.

**Investment choice (do not complete if you have an existing Personal Range account)**

You do not have to make any choices about investments. If you do not make a choice, your payments will be invested as described in the Key Features leaflet.

You may select the funds you wish your payments to be invested in. You may not choose more than ten funds, or eight funds if you choose a Lifestyle Investment Programme.

Fund	% of payment	Fund	% of payment
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>

Please use whole percentages only and make sure that the total is 100%.

Would you like to choose a Lifestyle Investment Programme?

Yes  No

If Yes, how many years from your selected retirement age do you want a Lifestyle Investment Programme to start?

10 Year
  5 Year
  3 Year

**Transferring scheme details**

Ceding scheme details		Estimated Transfer Amount		Signed Discharge Form enclosed (if applicable)
Name & address	Policy number(s)	Non Protected Rights (£)	Protected Rights (£)	(X)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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## Your declaration

**Important: It is a serious offence to make false statements. If you do so you may be prosecuted. The penalties are severe.**

1. This is my application to transfer into a stakeholder pension. I apply to enter into a contract to provide me with benefits in line with this form under the scheme rules. I agree to be bound by the rules of the scheme. I understand I can ask for a copy of the rules.
2. I have read over the replies to all the questions in this application. To the best of my knowledge and belief, all information given is correct and complete.
3. I confirm that I am either resident in the UK, or overseas as a Crown Servant (eg a member of the armed services, diplomat, etc), or as the spouse of a Crown Servant.
4. I agree to Friends Provident seeking information and obtaining details from the administrator/trustees (and/or relevant insurance company) of any scheme, arrangement or contract of which I am, or have been, a member.
5. I understand that, if I have registered for enhanced protection, I will lose this protection if I am not transferring all my benefits from my pension scheme or policy.
6. I understand that, if the transferring scheme is a 'recognised overseas pension scheme', I should consider registering for an additional lifetime allowance in respect of that part of the transfer that does not relate to UK tax relieved payments (this is a complex area; you may need to seek financial advice).
7. I agree Friends Provident Pensions Limited (Friends Provident) will use the information I give (as well as information about me relating to any existing policy I have with a Friends Provident Group company) for administration, underwriting, claims, research and statistical purposes. I agree Friends Provident may pass information to my financial adviser, to other Friends Provident Group companies and to reinsurers and any agency appointed by Friends Provident for the above purposes. (These agencies may be located in countries outside the UK that do not have laws to protect your information. Details of the companies and countries involved in your case will be provided on request. Friends Provident will remain responsible for making sure that the information is held securely).
8. I also agree Friends Provident may pass the information to third parties for the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.
9. I would like Friends Provident to use the information supplied to let me know about other products and services in the Friends Provident group of companies who may use it to advise me of other products and services that may interest me.

To improve the quality of our service telephone calls may be recorded or monitored.

Your signature

	Date
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Friends Provident agrees to administer the scheme in accordance with the scheme rules.

Please note that if you have transfer values from more than one source, a separate application form must be completed for each.

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## Nomination form (this is optional but you are strongly encouraged to complete it)

To: Friends Provident

I understand that any cash sum death benefit arising from my policy will be distributed at the absolute discretion of Friends Provident, but I would like you to consider the persons or bodies listed below as the possible recipients. I understand that in exercising your discretion you will not be bound by this nomination.

Name of suggested beneficiary	Address	Relationship to you	Proportion of benefit

**NB:** This nomination can be revoked or amended upon written request at any time.

Your signature

	Date
--	------

Your name  
(please print)

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## Part 2 – Details to be completed by the transferring scheme

The transferring scheme (the trustees, if the paying scheme is an occupational pension scheme or FSAVC scheme, and the insurer in all other cases) should complete the following details, or provide the details in a separate letter.

Is the paying scheme or policy either a registered pension scheme or a recognised overseas pension scheme?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If No, we are unable to accept the transfer

HMRC registered pension scheme number (if available)

Total amount of the transfer value

### Contracted out rights

Does the transfer value include liability for protected rights?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, complete the rest of this section and attach CA1544

Amount of transfer value relating to protected rights:

Pre 6 April 1997

Post 6 April 1997

Period of contracted out service in respect of protected rights

From	<input type="text"/>
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To	<input type="text"/>
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### Block transfer

A block transfer must be a single transaction for two or more members. To qualify as a block transfer, the transferring members must not have been a member of the receiving scheme for more than 12 months and, when they come to take their benefits, they must take all of their benefits at once.

Is the transfer part of a block transfer from a registered pension scheme?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes:

### Cash rights exceeding 25%

Does the member have tax free cash sum rights of more than 25% of their rights on 5 April 2006 in the transferring scheme?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes:

(a) What is the total fund value on 5 April 2006 attributable to the member's commutable rights?

(b) What is the total fund value on 5 April 2006 attributable to the member's non-commutable rights?

(c) Member's protected tax free cash sum amount (this must not exceed 100% of the commutable benefit as at 5 April 2006)

(d) Does the transfer value include payments paid on or after 6 April 2006?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(e) Amount of any partial transfer value already paid on or after 6 April 2006 by the transferring scheme in respect of the member:

### Low retirement age protection

Does the member have the right to take benefits before age 50 (55 from 6 April 2010) under the transferring scheme?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, from what age does this right apply and to what part of the transfer value does the right relate?

Age	<input type="text"/>
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Part of transfer	<input type="text"/>
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### Nil cash transfer

Does all or part of the transfer directly or indirectly arise from uncrystallised rights under an approved occupational scheme where, on or after 27 July 2004 but before 6 April 2006, the member had elected to take a tax free cash sum while deferring receipt of the pension?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, and this does not apply to all the transfer value, please state the amount to which it relates.

### Attachment orders

Are the transferring benefits subject to an attachment order or an order relating to the distribution of lump sum death benefits following a divorce/dissolution of civil partnership?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, and this does not apply to all the transfer value, please state the amount to which it relates:

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### Part 3 – Declaration by the transferring scheme

To be completed by the transferring scheme (the trustees, if the paying scheme is an occupational pension scheme or FSAVC scheme), and the insurer in all other cases.

We, the administrators/insurers of the transferring scheme/arrangement, declare that:

- to the best of our knowledge and belief all the information which has been completed in Part 2 of this application is true and complete; and
- the transfer value is from a registered pension scheme or a recognised overseas pension scheme; and
- if the applicant has selected a retirement age below 50, or they have selected a retirement age between 50 and 55 and their date of birth is after 5 April 1960, they have a protected low normal retirement age under the paying scheme or policy.

Where appropriate we authorise the payment of a transfer value from the transferring scheme to the Friends Provident scheme.

Signed	<input type="text"/>	
Behalf of	<input type="text"/>	
	<input type="text"/>	
Capacity	<input type="text"/>	Date <input type="text"/>

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### Part 4 – Friends Provident’s warranty

We confirm that on receipt and acceptance of the transfer value we will apply it to provide money purchase benefits for or in respect of the member under the Friends Provident Pensions Limited Stakeholder Pension Scheme.\*

As the provider and administrator, we agree to administer the scheme in accordance with the rules.

We confirm that the scheme is a registered pension scheme under Chapter 2, Part 4 of the Finance Act 2004 (Pension Scheme Tax Reference 00613697RN).

We confirm that the scheme is an Appropriate Personal Pension Stakeholder Pension Scheme. The ASCN is A7800045R.

The transfer value must be paid to us in sterling. Please make your cheque payable to Friends Provident.

\* Please note that where the member already has a stakeholder policy with us, we will invest the transfer value in their existing policy. This may have been issued under the Friends Provident Stakeholder Pension Scheme (Pension Scheme Tax Reference 00613773RV). That scheme is also an Appropriate Personal Pension Stakeholder Pension Scheme. The ASCN is A7800009M.

# IFA Submission form

**Important: This section must be completed fully to ensure the correct terms are set up. Please refer queries to your local area office.**

Adviser name

Address

Postcode

Tel

Email

Agency Number  /

ICRN number

Non advised sale  If not ticked we will assume advice was given

Please indicate other applications enclosed for this client

Regular payment  Single payment  Contracting Out

Please indicate the type of commission required () in the appropriate box and the level of amc required.

	Commission Basis	amc %	Additional amc/FBRC in years 1 to 10
FBRC only	<input type="checkbox"/>	<input type="text"/> % (0.61% to 1.00%)	<input type="text"/> % (0 to 0.50%)
Nil	<input type="checkbox"/>	<b>N/A</b>	<b>N/A</b>

\* Please indicate who we should correspond with when chasing for outstanding requirements and progress updates:

- Direct with the member and/or the transferring provider as appropriate;
- All chasing to go via us as the Advisers.

Friends Provident Pensions Limited

Registered and Head Office: Pixham End, Dorking, Surrey RH4 1QA  
Incorporated company limited by shares and registered in England number 475201  
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