





## In this section

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## Form – transfer

Complete this form in **BLACK INK** and **BLOCK CAPITALS** if you'd like to transfer your benefits to one or more arrangements. Don't forget to sign the form.

### Section 1 – application to transfer out

You must complete this section.

To the Trustee of: **THUS Group plc Pension Scheme (the 'Scheme')**

I'd like you to transfer all my Scheme and AVC benefits	<input type="checkbox"/>
I'd like you to transfer just my AVC benefits	<input type="checkbox"/>

from THUS Group plc Pension Scheme to the registered pension scheme detailed below:

<b>Name of registered scheme:</b>	
<b>Name of insurance company</b> (if the scheme is insured):	

I confirm the following:

- I want to proceed with a transfer from THUS Group plc Pension Scheme to the pension scheme detailed above (the receiving scheme).
- the receiving scheme has provided me with a statement showing the benefits that it will provide me with in return for the transfer payment. I have also been told about any conditions that may cause my benefits to be withheld or lost.
- I am\*/am not\* transferring to an occupational pension scheme with my current employer. (\*Delete as appropriate.)
- I have read '**Don't let a scammer enjoy your retirement**' and understand that there could be serious tax consequences for my pension benefits if I transfer to a scheme or arrangement that is later deemed to have committed a pension scam.
- If the transfer value of my defined benefits is greater than £30,000 I have taken regulated independent financial advice and accept that the transfer cannot proceed until the Trustee has received written confirmation from my regulated independent financial adviser confirming that they have provided me with appropriate advice and provided the Trustee with key statements. I will arrange for my regulated independent financial adviser to provide this written confirmation within the required timescale if not already provided.

*\*Delete as appropriate*

<b>Name of regulated independent financial adviser's company:</b>	
<b>Contact name:</b>	

<b>Address:</b>

<b>FCA registration number:</b>	
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I understand and accept the following:

- The benefits that the receiving scheme provides me with may be different to the benefits that I would have received from the THUS Group plc Pension Scheme.



## Form – transfer

- The receiving scheme is not required to provide my spouse, dependants or civil partner with any survivors' benefits from any part of the benefits that are derived from this transfer payment.
- The benefits resulting from the receiving scheme/pension arrangement may be more or less than those which would otherwise have been payable under the Scheme.
- I will be liable for any financial losses or tax charges that may be incurred as a result of pension scams or fraud.
- Once you have paid the transfer value to my new scheme/pension arrangement, the trustee of the Scheme will not owe me, my family or dependants any benefits in the Scheme except to the extent (if any) that the transfer value does not reflect additional obligations arising from GMP equalisation.

### Indemnity

I agree to indemnify the Trustee and Aon against any tax charges or other losses suffered by them in connection with the transfer to any arrangement in contravention of any applicable law or regulation, and I agree that I will be liable for any tax charges levied as a result of such contravention.

## Section 2 – send us these documents

**You must complete this section. To avoid delays and to make sure your documents can be returned to you quickly it's important you send the following documents with this form.**

**It's important that you read the 'Finding out more - important information - Certificates' section so you understand what types of documents we can accept.**

We recommend that you send your original certificates or your original/certified proof of identity documents to us by recorded delivery and we'll return them in the same way.

### I'm enclosing the following documents:

(circle)

My <b>birth certificate</b> (or suitable alternative)	Yes / No
My <b>marriage/civil partnership certificate</b> (or suitable alternative) (if applicable)	Yes / No / N/A
<b>Transfer Questionnaire</b> (we sent you this separately – please complete and return it to help us assess whether there are any issues with your proposed transfer and reduce the risk of you losing your benefits through a possible scam. If you don't complete and return this questionnaire you may not be able to go ahead with the transfer. If you haven't already received the Transfer Questionnaire, please let us know.)	Yes / No

### Return address for documents:

Aon Ltd  
Fountain Precinct  
Balm Green  
Sheffield  
S1 2JA

### Preferred return address for certificates (if different to above): (Please tell us separately if you have changed address.)

<b>Postcode:</b>	



## Form – transfer

### Section 3 – receiving scheme warranty

You must complete this section. Ask your receiving scheme to complete the enclosed 'Form – transfer - receiving scheme warranty' and return it to us.

(tick)

	I have asked my receiving scheme to complete and return 'Form – transfer – receiving scheme warranty' to you.
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### Section 4 – adviser statement

You must complete this section.

Unless your transfer is to a defined benefit (final salary) arrangement, or the transfer value from your Scheme benefits is less than £30,000 you must take regulated independent financial advice and your adviser must complete and return the attached 'Form – transfer – adviser statement'.

(tick to confirm all that apply)

	The benefits being provided in the receiving scheme are defined benefit (final salary) benefits.
	The transfer value from my Scheme benefits is less than £30,000.
	I have taken regulated independent financial advice and have asked my regulated independent financial adviser to complete and return 'Form – transfer – adviser statement' to you.

### Section 5– signing to confirm that you want to go ahead

You must complete this section to confirm you've read, understood and agreed with the whole form and would like to go ahead with transferring your benefits out of the Scheme.

<b>Signed:</b>	
<b>Dated:</b>	
<b>Contact telephone number:</b>	
<b>Contact email address:</b>	

**Make sure you return this form as soon as possible to avoid any delays in transferring your benefits.**

**Return to THUS Group plc Pension Scheme, Aon, PO Box 196, Huddersfield, HD8 1EG**

Aon will process your personal data for the purpose of providing you with your pension services on behalf of the Trustee, the data controller. Aon, in its capacity as data processor, will comply with the applicable legislation including any data protection legislation and the instructions from the Trustee. We refer you to the privacy notice of the Trustee or of your employer to inform you about the processing activities in relation to your pension benefits.



## Form – transfer - receiving scheme warranty

This form should be completed by the scheme/provider you're transferring to (in **BLACK INK** and **BLOCK CAPITALS**).

To the Trustee/provider of: **THUS Group plc Pension Scheme** (*the transferring scheme*)

<b>Full name of receiving arrangement:</b>	
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<b>Registered address of provider</b>	
<b>Postcode:</b>	

<b>Address to send transfer details (if not registered address)</b>	
<b>Postcode:</b>	

**On behalf of the receiving arrangement, we warrant and undertake that:**

- The above named member has authorised the receiving scheme to accept the transfer value available from the transferring scheme. In accepting the transfer, all the relevant requirements have been or will be satisfied.
- The receiving arrangement is:

(tick)

	<p>A UK-registered pension scheme for the purposes of Part 4 of Finance Act 2004. The HM Revenue &amp; Customs (HMRC) Pension Scheme Tax Reference (PSTR) is as follows:</p> <p>.....</p> <p>We've attached a current screen shot from Pension Schemes Online showing the scheme's registered status. We authorise HMRC to provide the trustees of the transferring scheme with any information they deem necessary in their investigation of the registration status of the receiving scheme</p>
	<p>A section 32 buy-out policy and the receiving provider is an insurance company within the meaning of section 275 of the Finance Act 2004, and is or will become a registered pension scheme on receipt of the transfer payment for the purposes of Part 4 of Finance Act 2004.</p>

- The transfer credit will be applied to provide benefits for and in respect of the above named member in line with the rules of the receiving arrangement and applicable legislation.



## Form – transfer - receiving scheme warranty

(tick)

	Defined Benefit (additional service credit or additional pension)
	Defined Contribution (invested on a money purchase basis)

- If the transfer value contains rights from former contracted-out service:

(tick)

	The receiving arrangement will accept liability for Guaranteed Minimum Pension and/or Section 9(2B) Rights as advised by the transferring scheme
	The receiving arrangement will accept the portion of the transfer value relating to former contracted-out rights and will provide benefits in a different form
	The receiving arrangement is not able to accept the portion of the transfer value relating to former contracted-out rights

### Bank details to which payment should be made

Please provide the following payment details on your headed paper:

- Name of bank or building society
- Address of bank or building society
- Account name
- Sort code
- Account number
- Reference to quote (this cannot be the member's national insurance number)

<b>Signature (person authorised on behalf of the trustees/provider of the receiving scheme):</b>	
<b>Name:</b>	
<b>Company position/Job title:</b>	

Return to THUS Group plc Pension Scheme, Aon, PO Box 196, Huddersfield, HD8 1EG



## Form – transfer - adviser statement

This form should be completed by your regulated independent financial adviser (in **BLACK INK** and **BLOCK CAPITALS**).

This statement is not required if the benefits being provided in the receiving scheme are defined benefits, or the transfer value from your Scheme benefits is below £30,000.

Member name	
Member reference	
Name of the registered receiving scheme:	
Name of insurance company (if the scheme is insured)	
Name of regulated independent financial adviser's company:	
Name of the adviser giving the advice:	
Member name	

Company address:	
Postcode:	

FCA registration number of company:	
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I, the adviser named above, confirm:

- that the advice that I have provided is specific to the type of transaction proposed by the member.
- that I have permission under **Part 4A of the Financial Services and Markets Act 2000**, or resulting from any other provisions of that Act, to carry on the regulated activity in article **53E of the Regulated Activities Order**.
- that the firm reference number of the company or business for which I work is authorised by the FCA to carry on the regulated activity in article **53E of the Regulated Activities Order**.
- that the advice I have given is in relation to the member of the Scheme named on this Statement and relates to their existing rights of safeguarded benefits.

Signed by the adviser:	
Dated:	

Return to THUS Group plc Pension Scheme, Aon, PO Box 196, Huddersfield, HD8 1EG





