

Select Pension

Transfer-in request
for use only if you already have a Select Pension

PLEASE COMPLETE BOTH SECTIONS (A) AND (B) IN BLOCK CAPITALS AND BLACK INK

Section A

Personal details

Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>						Title	<input type="text"/>
Forename(s)	<input type="text"/>							
Address	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Transfer request to Alliance Trust Savings Limited

Name of transferor scheme	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Telephone number	<input type="text"/>
Contact name	<input type="text"/>
My membership, contract or reference no. is	<input type="text"/>
Are you withdrawing an income from this pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please tick one box only</i>
Transfer Value amount (if known)	£ <input type="text"/>

Please note that the transfer value must not include any contracted out entitlements.

Assets to be transferred

Please tick to confirm how the transfer payment will be made

<input type="checkbox"/> Cash only	<input type="checkbox"/> Cash and investments
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Transfer charge

<input type="checkbox"/> I wish to pay the transfer charge by cheque. I have enclosed a cheque for £58.75	OR	<input type="checkbox"/> I wish the transfer charge to be deducted from the transfer value when received
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Please tick one box only

Declaration and signature

I request Alliance Trust Savings Limited as the administrator of the Alliance Trust Pension Plan, through which the Select Pension is made available, to arrange a transfer of my entitlement to benefits under the scheme detailed above in accordance with the rules of the Alliance Trust Pension Plan.

I authorise the provider, trustee and administrator of the above named scheme to provide Alliance Trust Savings Limited with any information which they may require in relation to this transfer and I declare to such persons that I fully understand that after the transfer is effected neither I nor my spouse/civil partner or dependants will have any entitlement to benefits under the transferor scheme.

Signature

Date

Alliance Trust Savings Limited, PO Box 164, Meadow House, 64 Reform Street, Dundee DD1 9YP.

Tel +44 (0)1382 201900 **Fax** +44 (0)1382 202250

Email contact@alliancetrust.co.uk **Web** www.alliancetrust.co.uk

For security and compliance monitoring purposes telephone calls may be recorded.

Alliance Trust Savings Limited is registered in Scotland No. SC 98767, registered office as stated above; is authorised and regulated by the Financial Services Authority whose address is 25 The North Colonnade, Canary Wharf, London E14 5HS firm reference number 116115; gives no financial or investment advice.

Select Pension

Transfer request form

We will keep a copy of this and send the original to the transferor scheme administrator.

PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK

Section B

Your personal details

Account 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"/>							
Surname	<input type="text"/>						Title	<input type="text"/>							
Forename(s)	<input type="text"/>														
Address	<input type="text"/>														
	<input type="text"/>						Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	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

Transferor scheme details

Name of scheme	<input type="text"/>														
Contact	<input type="text"/>														
Address	<input type="text"/>														
	<input type="text"/>						Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone number	<input type="text"/>														
Scheme or Plan number	<input type="text"/>														
Are you withdrawing an income from this pension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Please tick one box only</i>												

Transferor payment details

Please tick to confirm how the transfer payment will be made	<input type="checkbox"/> Cash only	<input type="checkbox"/> Cash and investments	(please detail in box overleaf)
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CONTINUED OVERLEAF

