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# Forester Life Personal Pension Plan Supplementary Transfer-In Application

1 Print and complete this form to trasfer a Pension Plan. Complete all fields in BLOCK CAPITALS and black ink.

2 Return to FREEPOST Foresters Financial, Forester Life, 2 Cromwell Avenue, Bromley BR2 9BF. No stamp required.

3	We will process the instruction, and inform you once this is complete.
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This form is only to be used in conjunction at the same time as the Transfer-In Application.

# 1. Personal Details

Title and Forename(s)	
Surname	
Date of Birth	D D M M Y Y Y Y
National Insurance number	
Address (permanent residence)	Postcode
Gender	Male Female
Telephone number (in the event of queries)	
Email address	

# 2. Transfer Details

Name of Transferring Scheme		
Plan Number(s)		
Name of Scheme Trustees or A	dministrators	
Address		
		Postcode
Approximate fund value to be t	ransferred £	
Does this represent the full valu	ie of the Plan? Yes No	
5 ,	o any existing or proposed trustee in bankruptcy orders, ng orders, or other receiving orders?	Yes No
	edit awarded to you from your ex-spouse or former a divorce or dissolution of a civil partnership?	Yes No

#### 3. Using your personal information

We will use the data you provide to administer your Plan. For more information on the data we collect, why we collect it, how we use it for processing purposes and how we store your information, please visit **foresters.com/UKprivacy** 

# 4. Declarations and Consent

It is a serious offence to make false statements in an application for membership of the Scheme. The penalties are severe and could lead to prosecution.

#### Declaration by Forester Life Limited:

 Forester Life Limited agrees to administer the Forester Life Personal Pension Plan [as the scheme provider] in accordance with the Scheme Rules.

#### Declaration to the Trustees or Administrators of the Transferring Scheme:

- I authorise, instruct and apply to the Trustees or Administrators of the Transferring Scheme to transfer sums and assets from the Plan(s) as listed in Section 2 of this application directly to Forester Life Limited and to provide any instructions and/or discharge required by any relevant third party to do so.
- I accept that in order to comply with regulatory obligations, Forester Life Limited and the Trustees or Administrators of the Transferring Scheme named in this application may need to verify my identity and residential address, and may use credit reference agency searches and ask for my documents to verify my identity and address.
- Until this application is accepted and complete, Forester Life Limited's responsibility is limited to the return of the total payment(s) to the Trustees or Administrators of the Transferring Scheme.
- When payment is made to Forester Life Limited as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the Plan(s) listed in Section 2 of this application where the whole of the Plan(s) is transferring, or that part of the Plan(s) represented by the payment(s) if only part of the Plan(s) is transferring.
- I have read any information provided or made available to me by the Trustees or Administrators of the Transferring Scheme in connection with this transfer.

## Declaration to the Scheme Trustees or Administrators of the Transferring Scheme and to Forester Life Limited:

 I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Forester Life Limited and the Trustees or Administrators of the Transferring Scheme may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application.

## **Declaration to Forester Life Limited:**

- I authorise and request Forester Life Limited to accept the above transfer payment from my Transferring Scheme into the Forester Life Personal Pension Plan.
- I consent to Forester Life Limited seeking all necessary information from the Trustees or Administrators of the Transferring Scheme.
- I agree to be bound by the Rules of the Scheme.
- I confirm that I have received the Financial planning service brochure about Forester Life's investment services and a copy of the Key Features of the Forester Life Personal Pension Plan and Personal Pension Transfer Option, which I have read.

Signat

• I authorise Forester Life Limited, the Trustees or Administrators of the Transferring Scheme and any contributing Employer named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Forester Life Limited.

I am aware that a copy of my application and a specimen Plan Document are available on request.

- I am aware that the transfer will not take place until expiry of the 30 day cancellation period.
- I authorise Forester Life Limited to use my personal information for the purpose set out under 'Using your Personal Information' section.
- I confirm that I have not been provided with any advice by Forester Life Limited to transfer a pension scheme.
- I confirm that to the best of my knowledge and belief all of my answers are true and complete.

ture of applicant	Date	



Registered Office: Forester Life Limited, Foresters House, 2 Cromwell Avenue, Bromley BR2 9BF. T 0333 600 0333. E service@foresters.co.uk. foresters.com

Forester Life Limited is registered in England number 2997655. Forester Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. DAC 2025036/FS/FO 04/27