



Transfer form – from Pension Reserve (part of the Flexible Income Drawdown Plan)

Please use black ink and write in CAPITAL LETTERS or tick as appropriate. Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application.

About this form

Please use this form if you intend to purchase an immediate annuity from another provider who will also pay your tax-free lump sum to you.

If you have any questions about this form, please call us on **0345 075 7576** between 9am and 5pm Monday to Friday. Calls may be recorded or monitored for quality and security purposes.

- Part 1 should be completed and signed by the Policyholder
- Part 2 should be completed and signed by the Administrator of the receiving pension provider.

Please return the completed form as soon as possible to:

Flexible Retirement Income Servicing Team
Prudential
Lancing
BN15 8GB

Part 1 – Personal details – to be completed by the Policyholder

To the Administrator of the Prudential Flexible Income Drawdown Plan

Policyholder's Name

National Insurance Number

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Plan Number

- 1) Do you wish to use all your remaining segments to purchase an immediate annuity? Yes No
- 2) If you have answered **No** please specify the amount or proportion to be applied to purchase the immediate annuity £ or %

I wish to convert my fund to an immediate annuity and understand:

- Prudential will pay the value of my fund available on the date payment is made.
- My chosen pension provider will pay any tax-free cash sum to me, set up the immediate annuity and pay my income.
- After payment has been made by Prudential in respect of the transferred arrangements, my dependants and I will have no entitlement to benefits arising from that element of the Flexible Retirement Income Account represented by these transferred arrangements.

Please confirm if you have received free, impartial advice from Pension Wise – the Government guidance service.

Yes, I have used Pension Wise, the Government guidance service.

No, I have not used Pension Wise, the Government guidance service.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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**Part 2 – Receiving pension provider details –
to be completed by the Administrator of the receiving pension provider**

Name of Receiving Scheme

Name of Trustees or Administrator

Address of Trustees or Administrator

Postcode

Contact Name

Phone Number

Reference Number

The cheque should be payable to*

And sent to:

Name

Address

Postcode

I confirm your policyholder has applied to transfer the value of his/her Pension Reserve to the Receiving Scheme which is a Pension Scheme, registered under Chapter 2 Part 4 of the Finance Act 2004.

Note

If the Receiving Scheme is not operated by a Life Office or financial institution within the meaning of S632 (1) of the Income and Corporation taxes Act please enclose confirmation of the financial institution.

Signature (authorised official)

Date

D	D	M	M	Y	Y	Y	Y
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Name (in block capitals)

Position

For and on behalf of



www.pru.co.uk

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