

**Workers Pension, part of
Cushon Master Trust (“the Scheme”)
Transfer In Acceptance Form**

For completion by the Member (BLOCK CAPITALS)



Name:	
National Insurance Number:	
Member Address:	
Date of Birth:	
Receiving Scheme Name:	Workers Pension, part of Cushon Master Trust
Type of Receiving Scheme:	Occupational Pension Scheme
Pension Scheme Tax Reference (PSTR) number:	00776863RW
Date Pension Plan registered with HMRC:	16/01/2012

Full Name and Address of your Current Provider:	
Full Name of Pension Scheme:	
Existing Plan Number:	
Estimated value (£) (if known):	
Are you transferring the full value of your benefits?	YES / NO delete as applicable

Have you taken Pension Wise guidance? Please tick one box	
I confirm that I do not need to take guidance because I: <ul style="list-style-type: none"> • am under age 50; or • am transferring my pension to consolidate my pensions rather than to access/take my pension; or • am transferring to an FCA-regulated scheme; or • am transferring to a defined benefit pension scheme; or • have already been referred to Pension Wise guidance 	
I confirm that I have received guidance from Pension Wise in relation to this application in the last 12 months.	
I confirm that I have received advice from an FCA-regulated financial adviser in relation to this application in the last 12 months.	
I confirm that I wish to opt out of receiving guidance from Pension Wise.	

If you wish to proceed with this transfer, please complete this Transfer In Acceptance Form and the Transfer In Declaration (overleaf) and return to:

**Workers Pension
4th Floor, State Buildings, 2 Arthur Place, Belfast, BT1 4HG
0345 475 0555
Email: info@workerspensiontrust.co.uk**

Transfer In Declaration

For your own benefit and protection you should read the content of the declaration carefully before signing. If you do not understand any point please ask for further information.

I confirm that I wish to proceed with the transfer of my previous pension benefits into the Scheme.

I confirm I have received a statement from the receiving scheme showing the benefits to be awarded in respect of the transfer, and I accept that where the transfer of "Guaranteed Minimum Pensions" and/or "Section 9(2B) Rights" is being made to a non salary-related contracted-out scheme, the benefits to be provided by the receiving scheme may be in a different form and of a different amount to those which would have been payable by the transferring scheme and there is no statutory requirement on the Receiving Scheme to provide for survivor's benefits out of the transfer payment.

I understand that it is my responsibility to ensure that the transfer is in my best interests and that neither the Trustees, my employing company or Mercer can accept responsibility if it turns out that the transfer was not in my best interests.

I understand that if the transfer value received is a different amount to the transfer value quoted, it may affect the benefits provided within the Scheme.

I understand that if the transfer value quoted was not guaranteed the figures quoted for benefits to be provided in the Scheme are not guaranteed. The benefits granted will be recalculated at the date of receipt of the transfer value. This will account for the actual transfer payment received, the date of receipt and market conditions at the point of receipt. As such, the benefits quoted may be higher or lower than those quoted in the illustration. The benefits payable in this, the receiving scheme, will be payable from my normal retirement date in the receiving scheme and may be reduced to reflect early payment in the event of early retirement. In all other respects, the benefits will be subject to the provisions of the Trust Deed and Rules of the receiving scheme alone.

I authorise and instruct you to transfer funds from the scheme (s) as listed above directly to Workers Pension, part of Cushon Master Trust. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the Scheme.

I authorise you to release all necessary information to Workers Pension, part of Cushon Master Trust to enable the transfer of funds to Workers Pension, part of Cushon Master Trust.

I authorise you to obtain from and release to any financial intermediary named in this application any additional information that may be required to enable the transfer of funds.

If an employer is paying contributions to any of the schemes as listed above, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant scheme (s).

Until this application is accepted and complete, Workers Pension, part of Cushon Master Trust responsibility is limited to the return of the total payment(s) to the current provider.

Where the payment(s) made to Workers Pension, part of Cushon Master Trust represent(s) all of the funds under the scheme(s) listed above then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the scheme(s) listed.

Where the payment(s) made to Workers Pension, part of Cushon Master Trust represent(s) part of the funds under the scheme(s) listed above, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from that part of the scheme(s) represented by the payment(s).

I promise to accept responsibility in respect of any claims, losses and expenses that Workers Pension, part of Cushon Master Trust and the current provider may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

On signing this declaration, I agree to you as the receiving provider, to approach and obtain any information you require in order to facilitate the transfer of benefits. This authority shall remain in place until the transfer is complete, or until I confirm I no longer wish to proceed.

Signed:

Date: