

Part B – to be completed by the administrator of the receiving scheme

Name of Scheme	<input type="text"/>
Administrator	<input type="text"/>
Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Scheme contact email	<input type="text"/>
Scheme contact number	<input type="text"/>

SCHEME REGISTRATION

Registered under Part IV of the Finance Act 2004.

HMRC Pension Scheme Tax Reference (PSTR)

or

Inland Revenue SFO Reference Number

Pension type:

Crystallised pot

Uncrystallised pot

Which type of transfer is to take place?

Cash transfer

In-specie transfer

Please indicate whether this is this a:

Full transfer

Partial transfer

If partial, please provide value to be transferred

£

Bank details for transfer payment

Please complete details of the bank to which we can send the payment by Direct Credit Transfer.

NOTE: THIS CAN ONLY BE TO ANOTHER PENSION PROVIDER

Sort Code	<input type="text"/>
Account Number	<input type="text"/>
Account Name of Receiving Scheme	<input type="text"/>
Reference	<input type="text"/>
Bank Name and Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>

Note to administrator of receiving scheme: Upon completion of Part B, please send this form to Aviva Client Services, PO Box 26957, Glasgow, G2 9DS or email it to platformmoniesout@aviva.com

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