Cofunds Pension Account Transfer Request



The Cofunds Pension Account is provided by Suffolk Life

This form is to be used by existing Cofunds Pension Account holders and must be completed if the client is transferring pension benefits to their Cofunds Pension Account. A separate copy of this form must be completed where more than two schemes are being transferred.

 $Please\ complete\ this\ form\ using\ black\ ink\ and\ BLOCK\ CAPITALS\ and\ return\ it\ to:\ \textbf{Cofunds\ Limited},\ PO\ Box\ 1103,\ Chelmsford\ CM99\ 2XY$

1	Adviser/Intermediary Deta	ils (For ac	lviser	/inter	me	diary	use	only)		
Cof	unds Intermediary Authorisation Code								Adviser's/Intermediary's client/deal re	ef.	Marketing Code
2	Client Details										
Exis	ting Cofunds Client Reference								Mr/Mrs/Ms/Miss/Other		
						-1		_	Surname		
									Full first name(s)		
3	First Scheme to be Transfer	rred									
	A. SCHEME DETAILS										
Ful	Il name of transferring scheme					_					
Ty	pe of scheme being transferred (e.g. persona	al pensi	on)								
	e transferring scheme a defined benefits pen			for exa	ample, a	a fina	al salary	sche	me? Yes No		
tran	s, please confirm that a suitably authorised fi sfer the defined benefits pension scheme will not be able to accept the transfer unless y						nat you		Yes No		
lf th	e adviser/intermediary to be named in Sectio vidual who gave you the advice:	•					ou wou	ld stil	like to transfer a defined benefits pension	on scheme, ple	ease confirm the authorised firm and
Re	gulated firm FCA number								Address		
Inc	lividual's name										
Na	me of scheme administrator/trustee/insurar	nce cor	npany								
										Postcode	
Re	gulated firm name								Transfer value £		
Po	licy/account number (if applicable)										
Befo	ore we can request the transfer, we will need a s	signed	declara	tion fro	om the	advis	er nam	 ed ab	ove, confirming that they did recommend	you to transfe	r your defined benefits pension to us.
31	3. TRANSFER STATE										
Are	the funds in this scheme:								What type of drawdown is this sc	heme/arran	gement in?
	Your own								Please select one of the options below: Flexi-access drawdown		
	Inherited from a deceased person								Please also ensure that the income	e payment deta	ails section of this form is complete.
Ifbo	Both th, please complete a separate copy of Section.	3B for e	each arr	angem	ent beir	ng tra	ansferre	d.	Capped drawdown We also require the following info	ormation abou	t the scheme you are transferring:
If inherited funds, are you:						Reference date	D D	/ M M / Y Y Y Y			
	A dependant								Maximum permitted income	£	
	A nominee								Taxable income taken to date in the current reference year	£	
	A successor								Please also ensure that the income	payment deta	ils section of this form is complete.
									Do you want to switch to flexi-acc drawdown upon transfer to Suffol		Yes No
									allowance (MPAA) will start to apply	y to you if it doe	awdown, the money purchase annual es not already. This means that tax- pensions will be limited to £10,000.

5 First Scheme to be Transferred (Continued)	
3C. ASSETS TO BE TRANSFERRED	
The transfer payment will comprise only cash	
current fund valuation containing all the information requested on the schedule is provided by the containing all the information required an investment transfer is required, please tick below as appropriate:	ransfer Schedule (document reference PA34GBUB), must be completed in full unless a full
	EDOL codes
All details requested on the Investment Transfer Schedule must be provided before we car Cofunds Pension Account must either be sold before we proceed with the transfer or remaining the control of the	
4 Second Scheme to be Transferred	
4A. SCHEME DETAILS	
Full name of transferring scheme	
Type of scheme being transferred (e.g. personal pension)	
Is the transferring scheme a defined benefits pension scheme, for example, a final salary sci If yes, please confirm that a suitably authorised financial adviser/intermediary recommende that you transfer the defined benefits pension scheme We will not be able to accept the transfer unless you have received such advice. If the adviser/intermediary named in Section 1 did not give this advice but you would still like individual who gave you the advice:	ed Yes No
Regulated firm FCA number	Address
Individual's name	
Name of scheme administrator/trustee/insurance company	
	Postcode
Regulated firm name	Transfer value £
Policy/account number (if applicable)	
Policy/account number (ii applicable)	
Refere we can request the transfer we will need a signed declaration from the advisor named	above, confirming that they did recommend you to transfer your defined benefits pension to u
4B. TRANSFER STATE	
Are the funds in this scheme:	What type of drawdown is this scheme/arrangement in?
Your own	Please select one of the options below:
Inherited from a deceased person	Flexi-access drawdown Please also ensure that the income payment details section of this form is complete.
Both	Capped drawdown
If both, please complete a separate copy of Section 4B for each arrangement being transferred.	We also require the following information about the scheme you are transferring:
If inherited funds, are you:	Reference date DD/MM/YYYY
A dependant	Maximum permitted income £
A nominee	Taxable income taken to date in the current reference year
H	Please also ensure that the income payment details section of this form is complete.
A successor	Do you want to switch to flexi-access
	drawdown upon transfer to Suffolk Life? If you take income from members' flexi-access drawdown, the money purchase annual flexible for the sufficiency of the suffic
	allowance (MPAA) will start to apply to you if it does not already. This means that tax- relievable contributions to your money purchase pensions will be limited to £10,000.
4C. ASSETS TO BE TRANSFERRED	
The transfer payment will comprise only cash	
current fund valuation containing all the information requested on the schedule is properties. Where an investment transfer is required, please tick below as appropriate: A completed Investment Transfer Schedule A full valuate	ransfer Schedule (document reference PA34GBUB) must be completed in full unless a full rovided.
(document reference PA34GBUB) is enclosed including SI	EDOL codes

All details requested on the Investment Transfer Schedule must be provided before we can request the transfer. Any investments that are not allowable under the terms of the Cofunds Pension Account must either be sold before we proceed with the transfer or remain with the current scheme.

5 Income Payment Details							
5A. INITIAL GROSS INCOME							
I would like to take the following taxable income:							
Initial gross annual income required Maximum (if in capped drawdown)/ Whole fund (if in flexi-access drawdown)	Nil Other, if other, please specify amount £						
Type of income payment Single	Regular						
	Quarterly Half-yearly Yearly						
Date of first income payment (month/year) $\frac{M}{M} = \frac{M}{M} = $							
5B. PERSONAL BANK ACCOUNT TO RECEIVE THE INCOME PAYMENTS							
Please indicate below (completing one box only) into which bank account you require benefits to be paid to from your drawdown fund.							
Option 1 – Cofunds Cash Account							
Tick this box if you would like your benefit to be paid into your Cofunds Cash Account.							
Option 2 – Transfer to your nominated bank account							
Tick this box if you would like your benefit paid to your nominated bank account outside of the Cofunds platform. Please enter the details below:							
Bank or Building Society name	Bank/Building Society Account Number						
Address							
	Branch Sort Code						
Postcode	Building Society Roll Number						
	We are only able to make payments to a personal account in your own name,						
Name(s) of account holders(s)	including joint accounts and your Cofunds Cash Account. In addition, payments may only be made to a UK bank account or to an account that can accept BACS, Faster Payments or CHAPS payments. Please speak to your bank if you have any questions as to whether your account is suitable.						
5C. OPTIONS FOR MAKING REGULAR INCOME PAYMENTS							
If you have an active Fund Sale Instruction we can use this to fund your regular income p. Alternatively you can select to set up a Sale for Regular Payment by completing either O							
On the fifth business day of the month, Cofunds will calculate whether you have enough mon	ey in your Pension Trading Account to cover any related payments due to go out that month.						
If the calculation shows that you will not have enough money in your Pension Trading Account to meet the required payments, on the ninth business day of the month we will sell enough units from your investments to raise the required amount. However, in some instances, including but not limited to when unusually large numbers of instructions are received, the sale may be placed on the subsequent business day at the next available valuation pricing time. Please note: you will not receive a confirmation notice for each sell down, it will appear on your statement.							
For more information on income sell down options and how the process works, please refer to the Terms and Conditions of the Cofunds Platform or Cofunds Pension Account Customer Agreement (as appropriate), or speak to your adviser/intermediary. Please also see the Sale for Regular Payment Instruction form: www.cofunds.co.uk/docs/aub/sfrp/							
If your Pension Trading Account has less than the income payment amount required, Cofunds will effect a sale of units as per your instruction.							
If you do not have an active Fund Sale Instruction and you do not complete the boxes below we will set up a Sale for Regular Payment to sell from your largest value fund.							
Option 1 – Largest value fund							
A sale of units from your largest value fund held within your Cofunds Pension Account.							
Option 2 – Nominated fund							
You can nominate a fund from which units are to be sold. If, at the time of calculation, we cannot raise enough to meet payments from your nominated fund (or your nominated fund is not available for trading at that time), we will check to see if the required amount can be raised from your largest value fund.							
Fund manager, fund name and share class	Percentage of income payment						

100 %

5D. OPTIONS FOR MAKING SINGLE INCOME PAYMENTS

Date

For a single sale of units please choose either Option 3, 4 or 5 below.

If your Pension Trading Account has less than the income payment amount required, Cofunds will effect a sale of units as per your instruction.

n your crision reading recountries is so that the income payment amount required, continu	5 Will effect a sale of a files as per your instruction.			
Option 3 – Largest value fund				
A sale of units from your largest value fund held within your Cofunds Pension Acco intermediary will be contacted who will contact you for further instructions.	unt. If we are unable to raise enough to meet the payment required	d your adviser/		
Option 4 - Specific sale of units You can nominate to sell units from any funds held within your Cofunds Pension Account. I sell down, your adviser/intermediary will be contacted who will contact you for further inst		meet your required		
Fund manager, fund name and share class		Percentage of income payment		
		%		
		%		
		%		
		%		
		%		
	TOTAL	100 %		
If you wish to sell down from further funds please indicate these on a separate sheet ensuring) the total percentage splits equal 100%.	100 /6		
Option 5 - Proportional sale of units				
You can choose a sale of units proportionately across all platform funds held within	your Cofunds Pension Account.			
6 Declaration				
6 Declaration Please note: it is a serious offence to make false statements. The penalties are severe.	Please visit https://www20.landg.com/questionnaire/index.html?r	referrer=CF and follow		
Please read and sign the declaration below to authorise the transfer(s): I declare that to the best of my knowledge and belief the statements made in this section (whether in my handwriting or not) are correct and complete. I accept that an additional arrangement under my plan is set up to allow the continuation of drawdown income. Each separate drawdown arrangement transferred in must be maintained separately and will incur its own set of drawdown fees as stated on the Charges Sheet. I confirm I wish to take the income as detailed in Section 5. I understand that, in accordance with the Terms and Conditions, a fee may be charged in respect of the transfer of the above scheme. I hereby consent to Suffolk Life obtaining details from the administrator/trustee or insurance company or other pension provider of any scheme, contract or arrangement of which I am or have been a member in connection with the transfer and authorise the giving of such details to Suffolk Life.	the link to Legal & General's website. Legal & General are providing this service as the owner of both Cofunds and Suffolk Life. You will be asked a series of questions about your circumstances and shown the risks that may apply. Once completed, you will need to send us a signed copy of the document along with this form. We can't proceed withou both documents. If you do not have access to the internet or a printer, please call our Advisor Support team on 0845 604 4001. Declaration to the administrator of the transferring scheme(s): I authorise and instruct you to transfer funds from the plan(s) as listed above directly to Suffolk Life. 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 to accept responsibility for any claims, losses and expenses of any nature which you may incur as a result of having made the transfer(s) listed above. I authorise you to release all necessary information to Suffolk Life to enable the transfer of funds to Suffolk Life. I authorise you to obtain from and release to the adviser/intermediary named opposite any additional information that may be required to enable the transfer of funds. If an employer is paying contributions to any of the plans as listed above, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s). Until this application is accepted and complete, Suffolk Life's responsibility is limited to the return of the total payment(s) to the administrator of the transferring scheme(s). Where the payment(s) made to Suffolk Life represent(s) all of the funds under the plan(s) listed above, then payment made as requested will discharge the administrator of the transferring scheme of all claims and responsibilities in respect of the plan(s) listed.			
I also consent to my adviser/intermediary obtaining the same details. Adviser/Intermediary firm name				
Regulated firm FCA number				
While Suffolk Life will request transfers in a timely manner, I understand that Suffolk Life is not responsible for the timely completion of the transfer.				
I understand that Suffolk Life will not request any in specie transfer until all of the information requested in the investment transfer schedule has been provided.	Where the payment(s) made to Suffolk Life represent(s) part of the funds under the plan(s) listed above, then the administrator of the transferring scheme will be dischart of all claims and responsibilities only in respect of the part of the plan(s) represented the payment(s).			
I wish for the pension scheme benefits detailed overleaf to be transferred to my Cofunds Pension Account.				
I understand that a drawdown arrangement can only be transferred in full and not in part. To be completed if you are immediately converting from capped to flexi-access drawdown. Prior to applying to take benefits under flexi-access drawdown I have taken advice from an authorised adviser. (Your adviser must complete Appendix I).	Declaration to Suffolk Life and the administrator of the transferring schem I promise to accept responsibility in respect of any claims, losses and expense Suffolk Life and the administrator of the transferring scheme may incur as a rany incorrect information provided by me or of any failure on my part to compaspect of this transfer form.			
If you have not sought advice it is important that you consider the risks that may be associated with flexi-access drawdown.				
Client name				
Client signature				

Appendix I: Adviser Declaration

This section should be completed by a regulated UK adviser if advice has been given on converting to flexi-access drawdown.

ADVISER DETAILS					
Name of authorised individual					
Full name of regulated organisation					
Regulator's reference number for organisation Regulator's reference number for individual					
Address	Telephone number				
	Fax number				
Postcode	Email address				
If the regulated organisation is an appointed representative or part of a network, please give details below.					
Regulator's reference number for principal or network					
DECLARATION					
Please confirm whether you have provided advice to your client on converting to flexi-access drawdown from the Cofunds Pension Account:					
I have provided advice to my client on converting to flexi-access drawdown.					
I have not provided advice to my client on converting to flexi-access drawdown but I have explained the risks of drawdown.					
Name					
Position in organisation					
Signature X					
Date					

 $All \ assets \ held \ in \ the \ Cofunds \ Pension \ Account \ are \ legally \ owned \ by \ Suffolk \ Life \ Trustees \ Limited.$

The Cofunds Pension Account is provided by Suffolk Life Pensions Limited (Suffolk Life) 153 Princes Street, Ipswich, Suffolk IP1 1QJ.

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