



Transfer in authorisation form
COUTTS INVEST PENSION

Please complete this form in BLOCK CAPITALS using black ink and return the completed form to Coutts & Co, PO Box 24065, 1 Tanfield, Edinburgh EH3 1EY. **If you would like this document in another format such as Braille, large print or audio, please let us know.**

1. Client details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
If 'Other' please specify	<input type="text"/>				
First name(s)	<input type="text"/>				
Surname	<input type="text"/>				
Address line 1 (permanent residential address)	<input type="text"/>				
Address line 2	<input type="text"/>				
Address line 3	<input type="text"/>				
Address line 4	<input type="text"/>				
Postcode	<input type="text"/>		<input type="text"/>		
Preferred daytime contact number	<input type="text"/>				
Date of birth	<input type="text"/>				
Email	<input type="text"/>				
National Insurance number*	<input type="text"/>				

*This can be found on your P60 or P45, or a letter from HM Revenue and Customs. Otherwise your employer or tax office may be able to help. If you receive a pension you can find the number on the front of your pension book.

Coutts Invest Pension Account Number	<input type="text"/>
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2. Transfer from scheme details

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In transferring a pension there may be a fee charged by your current provider for the transfer of funds via same day CHAPS payment. This is generally in the region of £15-£30. By ticking this box you agree to any applicable charges. If you do not agree your transfer may be delayed if your provider requires your authorisation before transferring.



I authorise and instruct you, the current provider, to transfer funds from the above listed plan(s) directly to my Coutts Invest Pension. 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 plan.

I authorise you to release all necessary information to the receiving provider to enable the transfer of funds to the receiving provider.

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

Until this transfer is accepted and complete, the receiving provider's responsibility is limited to the return of the total payment(s) to the current provider(s).

Where the payment(s) made to the receiving provider represent(s) all of the funds under the plan(s), then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s).

I promise to accept responsibility in respect of any claims, losses and expenses that the receiving provider and the current provider(s) may incur as a result of any incorrect information provided by me in this transfer authority or of any failure on my part to comply with any aspect of this transfer.

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