



Transfer in authorisation form
COUTTS INVEST PENSION

Please complete this form in BLOCK CAPITALS using black ink and return the completed form to Coutts Invest, 1st Floor, Trinity Quay I, Avon Street, Bristol BS2 0PT.

1. Client details

Title Mr Mrs Miss Ms Other

If 'Other' please specify

First name(s)

Surname

Address line 1
(permanent residential address)

Address line 2

Address line 3

Address line 4

Postcode

Preferred daytime contact number

Date of birth

Email

National Insurance number*

Coutts Invest Pension Account Number

*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.

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2. Transfer from scheme details

Plan/Client reference	<input type="text"/>
Scheme name	<input type="text"/>
Scheme administrator/ provider	<input type="text"/>
Address line 1	<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"/>

3. Existing scheme provider charge

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.

4. Transferring fund declaration

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.

Client signature

Date