

THE STM INTERNATIONAL PENSION PLAN

TRANSFER REQUEST FORM

To: The Administrator of the Transferring Scheme or Policy

Transferring Scheme or Policy details

Scheme / Policy Name			
Scheme / Policy Number			
Estimated Transfer Value	£		
Administrator's Name			
Address	Town		
	Postcode		
	Country		
	Telephone Number		
Company Email Address		Country where pension is held	

Scheme Type

<input type="radio"/> Occupational Money Purchase <i>(defined contribution including safeguarded benefits)*</i>		
<input type="radio"/> Occupational Money Purchase <i>(defined contribution)</i>	<input type="radio"/> Occupational Final Salary <i>(defined benefits)*</i>	
<input type="radio"/> Recognised Overseas Pension Scheme <i>(including Qualifying Recognised Overseas Pension Schemes)</i>	<input type="radio"/> Other UK Registered Pension Scheme	

* Please ask your Financial Adviser who has advised on this transfer to complete and sign **The Pension Transfer Advice Form**.

Status of Transfer Value

<input type="radio"/> Uncrystallised	<input type="radio"/> Crystallised <i>(please complete The Benefit Payment Form)</i>	<input type="radio"/> Partially Crystallised <i>(please complete The Benefit Payment Form)</i>
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Policyholder / Scheme Member

Full Name			
Address	Postcode		
	Country		
Date of Birth	Day	Month	Year
			National Insurance N ^o
Transfer In-Specie?	<input type="radio"/> YES [†]	<input type="radio"/> NO	<i>*Please provide a list of assets separately</i>



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Declaration to the Administrator of the Transferring Scheme

I authorise London & Colonial to obtain information on my pension. I wish to transfer my entitlement under the above Scheme to the International SIPP (marketed as the "The STM International Pension Plan"), which is registered by HM Revenue & Customs under reference 00834613RN. I authorise and instruct you to transfer sums and assets from the Plan(s) as listed on this Transfer Request Form directly to London & Colonial Services Limited and to provide any instructions and/or discharge required by any relevant third party to do so.

Where you have asked me to give you any original policy document(s) in return for the transfer of sums and assets and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which arise as a result, and which any 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 London & Colonial Services Limited and the current provider named in this Transfer Request Form to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to London & Colonial Services Limited.

I also authorise my financial adviser

Financial Adviser Firm Name

to obtain the same details.

I authorise London & Colonial Services Limited, the current provider, and any employer paying contributions to any of the Plan(s) as listed in this Transfer Request Form, to obtain from each other and release to each other, any information that may be required to enable the transfer of sums and assets to London & Colonial Services Limited.

Until this Application is accepted and complete, London & Colonial Services Limited's responsibility is limited to the return of the total payment(s) to the current provider(s).

Where the payment(s) made to London & Colonial Services Limited represent(s) all of the sums and assets under the Plan(s) listed in this Transfer Request Form, 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.

Where the payment(s) made to London & Colonial Services Limited represent(s) part of the sums and assets under the Plan(s) listed in the Transfer Request Form, then the Administrator of the Transferring Scheme will be discharged of all claims and responsibilities only in respect of the part of the Plan(s) represented by the payment(s).

Declaration to London & Colonial Services Limited and the Administrator of the Transferring Scheme.

I promise to accept responsibility in respect of any claims, losses, and expenses that London & Colonial Services Limited and the current provider(s) 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.

PLEASE RETURN SIGNED AND COMPLETED FORM TO:

LONDON & COLONIAL, ROCKWOOD HOUSE, 9-17 PERRYMOUNT ROAD, HAYWARDS HEATH, WEST SUSSEX RH16 3TW, UNITED KINGDOM

Signature

Print Name

Date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

