

# Transfer form – Transfer from Flexible Income Drawdown Plan to another income drawdown

## How to fill out this form

Please use black ink and CAPITAL LETTERS or tick  as necessary.

Any corrections must be initialled; do not use correction fluid.

## About this form

This form should be completed if you want to transfer from a Flexible Income Drawdown Plan to another income drawdown.

- Part 1 should be completed and signed by the Policyholder.
- Part 2 should be completed and signed by the Administrator of the Receiving Scheme.

If you have any questions about this form, or need any further information, please call us on 0345 075 7576 between 9am and 5pm Monday to Friday.

Calls may be monitored or recorded for quality and security purposes.

After completing the form, please return as soon as possible to:

Flexible Retirement Income Servicing Team  
 Prudential  
 Lancing  
 BN15 8GB

## Part 1 – Personal details – to be completed by the Policyholder

To the Administrator of the Prudential Flexible Income Drawdown Plan

Policyholder's Name

National Insurance number

        

Plan Number

I wish to transfer my entitlement to benefits from Prudential's Flexible Income Drawdown Plan to the receiving scheme and understand:

- Prudential will pay the value of my fund when all requirements are received .
- After payment has been made by Prudential, my dependants and I will have no entitlement to benefits from the Flexible Retirement Income Account in respect of these transferred arrangements.

### How we use your personal information

For a copy of our latest Data Protection Notice, please visit [www.pru.co.uk/mydata](http://www.pru.co.uk/mydata). This details how and why we use your personal information (including any sensitive personal information), who we may share it with and your rights around your personal information. Alternatively, you can request a copy to be sent to you by writing to The Data Protection Officer, Customer Service Centre, Lancing BN15 8GB.

Please note that we collect personal information from you that is necessary for us to either provide you with the product or service you've requested or to comply with statutory or contractual requirements. Unfortunately if you don't provide all of the information we require this may mean we are unable to provide our products and services to you.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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## Part 2 – Receiving Scheme details – to be completed by the Administrator of the Receiving Scheme

Name of Receiving Scheme

Name of Trustees or Administrator

Pension Scheme Tax Reference number

Address of Trustees or Administrator

Postcode

Contact name

Phone number

If the Receiving Scheme is fully insured or underwritten by a Life Office, name and address of Life Office

Postcode

Pension Scheme Tax Reference number

Account name/payee

Sort code

Account number

Is a cheque required? Yes

No

If yes, cheque is to be made in favour of:

Name

Address

Postcode

I confirm your policy holder has applied to transfer the value of his/her Prudential Flexible Income Drawdown Plan to the Receiving Scheme which is an income drawdown plan classed as pension business under Section 431B of the Income and Corporation Taxes Act.

Signature

Date

Name

Position

For and on behalf of

\*If the Receiving Scheme is fully insured or underwritten by a Life Office our cheque will be payable to them.

The Receiving Scheme must be registered under Chapter 2 of Part 4 of the Finance Act 2004.

If the Receiving Scheme is not operated by a Life Office or financial institution in accordance with the Finance Act 2004 please enclose confirmation of its status.

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