

Transfer Letter of Authority

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- Important Notes:
- Please do not amend any information on this application form as the order details have already been submitted and cannot be changed
 - Please sign and date this form in black ink and return to Fidelity, PO Box 391, Tadworth, KT20 9FU

1 About you

Full name:

anabhai Patel

Address:

Date of birth:

NI number:

Pension account number:

2 Details of pension to be transferred

Provider name:

Pensions

Provider address:

Walton Street
Aylesbury
AylesburyHP21 7QW

Policy reference:

Transfer type:

Estimated transfer value:

3 Declaration and signature for transfer

- In relation to my transfer application for the Pension, I make the declarations set out below.

I declare that:

 - I have read the literature relating to the Pension and I understand that this transfer will be bound by the Rules (as this term is defined in the Doing business with Fidelity Adviser Solutions).
 - I authorise the current provider to release all necessary information to Fidelity to enable the transfer of funds to my pension.
 - I authorise and instruct the current provider to transfer funds from the plan listed in this application directly to Financial Administration Services Limited. Where the current provider has asked me to provide 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 the current provider may incur as a result of having made the transfer listed in this application.
 - I authorise the current provider to disinvest and transfer my pension benefits to Financial Administration Services Limited where a full or partial cash transfer has been requested. Where a re-registration of assets has been requested, I authorise the current provider to disinvest and transfer as cash any asset(s) that cannot be re-registered to Financial Administration Services Limited.
 - If an employer is paying contributions to the plan mentioned in this application, I authorise the current provider to release to that employer any relevant information in connection with the transfer of funds from the relevant plan. Until this application is accepted and complete, Fidelity Adviser Solutions' responsibility is limited to the return of the total payment(s) to the current provider.
- Where the payment(s) made to Fidelity represent(s) all of the funds under the plan mentioned in this application, then payment made as requested will discharge the current provider of all claims and responsibilities in respect of the mentioned plan.
 - Where the payment(s) made to Fidelity represent(s) part of the funds under the plan mentioned in this application, then the current provider will be discharged of all claims and responsibilities only in respect of the part of the plan represented by the payment(s).
 - I promise to accept responsibility in respect of any claims, losses and expenses that Fidelity and the current provider 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.
 - I confirm that, where I am transferring contracted out benefits, I wish to transfer these from the current provider to Financial Administration Services Limited.
- Signature

By signing here I confirm I have read and completed all relevant sections as per the instructions on this form.

DATE 13062025 (DDMMYYYY)

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE ON THIS FORM OR YOUR APPLICATION WILL BE REJECTED

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