

Section 32 Buy Out/Annuity Policy Form

TO BE COMPLETED ONLY BY THE INSURANCE COMPANY/PROVIDER

Please return form to: EAPF, Capita, Unit 11B Lingfield Point, McMullen Road, Darlington, DL1 1AX

Part A Member Details

Member Name:	<input type="text"/>
Reference Number:	<input type="text"/>

Part B Receiving Scheme Warranties

In respect of the above member's request to pay a Cash Equivalent Transfer Value to the Receiving Scheme, we warrant that:

- We are a provider satisfying the requirements of Section 154 of the Finance Act 2004, and are regulated by the Financial Conduct Authority (FCA).
- The member's Cash Equivalent Transfer Value will be applied by us to one or more policies which satisfy the requirements of Section 95 (2)(c) of the Pension Schemes Act 1993. Please find enclosed **a screen print from the Pension Schemes Online page showing the Scheme Name and the Pension Scheme Tax Reference (PSTR) number**. Further, we authorise HM Revenue & Customs (HMRC) to give you confirmation or otherwise that the Receiving Scheme is a Registered Pension Scheme.
- We are aware of and have read the Pension Regulator's webpage on pension scams and categorically confirm that the processing of the member's application to acquire transfer credits in the Receiving Scheme is not a pension scam exercise.
- We acknowledge that the payment of the transfer value will be in full and final settlement and will not be reversed should we accept a payment erroneously.
- We have received a **Transfer Out Member Schedule** in respect of the EAPF.

Part C Receiving Scheme Details

Name of Receiving Scheme:	<input type="text"/>
PSTR Number*:	<input type="text"/>
Address of Insurance Company/Provider:	<input type="text"/>

* Please provide documentary evidence.

Section 32 Buy Out/Annuity Policy Form (continued)

Part D Receiving Scheme Bank Details for BACS Transfer

Name(s) of Account Holder(s):	<input type="text"/>
Bank Name:	<input type="text"/>
Bank Address:	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
Sort Code:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Account Number:	<input type="text"/>

Part E Declaration

We confirm that:

- The information contained within this form is correct to the best of our knowledge.
- The Receiving Scheme is capable of accepting the transfer payment and that this will be applied to the above scheme for the benefit of the above member in accordance with the rules thereof.

Signed:	<input type="text"/>	Date:	<input type="text"/>
Name (printed):	<input type="text"/>	On Behalf of:	<input type="text"/>

The information provided will be processed by Capita for purposes only associated with the EAPF and will be used in accordance with its policies and the Local Government Pension Scheme Regulations 2013 and the General Data Protection Regulations 2018.