



## **Pension transfer declaration**

I confirm that the transfer of my occupational pension scheme(s) is to be conducted on an execution only basis. I have not sought or received independent financial advice. I understand that I will have limited regulatory protection.

Client Signature: .....

Client Name: .....

Date: .....

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I confirm that I have received financial advice in relation to the transfer of my occupational pension scheme(s). My financial adviser details are shown below:

Name of Adviser: .....

Firm: .....

Address: .....

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Telephone: .....

Email: .....

Client Signature: .....

Client Name: .....

Date: .....