

**MGM Advantage**

**Personal Pension Plan**

**Transfer In Application Form**

**Please read all the notes and complete the form fully, ticking boxes where appropriate**

**NOTES**

1. The MGM Personal Pension Plan is a registered pension scheme under the Finance Act 2004. The Pension Scheme Tax Reference is 00605347RW and the Appropriate Scheme Certificate Number is A7001111J.
2. The scheme administrator is MGM Advantage and the trustees are MGM Assurance (Trustees) Limited.
3. Please note that you are responsible for ensuring that information required by HMRC (formerly the Inland Revenue) is correct. Provision of incorrect information may lead to penalties.
4. The minimum pension age allowed by HMRC is 55 from 6th April 2010, and it will not normally be possible to take benefits below this age.
5. The transferring scheme must be a registered pension scheme under the Finance Act 2004.
6. Note that if you are currently entitled to any form of protected benefits, this protection may be lost if you transfer the benefits. You should consult a financial adviser.

**Section A - Personal details**

Surname	<input type="text"/>		
First names	<input type="text"/>		
Title Mr/Mrs/Ms/Miss/Other (please specify)	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone number	Home: <input type="text"/>	Business: <input type="text"/>	
Email address	<input type="text"/>		
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
National Insurance Number	<input type="text"/>		
Selected retirement age*	<input type="text"/>	*cannot be less than 55, or greater than 75.	

## Section B - Transferring Scheme

Scheme name	<input type="text"/>
Pension scheme tax reference number or PSO Reference (if known)	<input type="text"/>
Is this an occupational pension scheme?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is it a defined benefit scheme?	<input type="checkbox"/> yes <input type="checkbox"/> no
Scheme administrator name	<input type="text"/>
Scheme administrator address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>
Total Transfer value (or estimate)	<input type="text"/>

### NB Transfers cannot be accepted in respect of crystallised rights.

Does the transfer value include protected rights?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, amount included in total transfer value in respect of protected rights	<input type="text"/>

## Section C - Investment Choice

All contributions will be allocated 100% to the MGM Advantage Managed Fund unless you request otherwise. You may also split your contributions between different funds. Only whole percentages can be accepted.

Name of MGM Advantage fund	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total
Percentage of allocation (%)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100%

Full details of the investment funds are set out in the **Investment Fund Summary**. Additional information about the MGM Advantage Bonus Growth Fund can be found in the **MGM Membership - Your Guide**.

## Section D - Beneficiary nomination

The Trustees (MGM Assurance (Trustees) Limited) have discretion as to who should receive any benefit payable in the event of your death before the selected retirement age.

Please nominate below the person(s) you wish to be considered by the Trustees should a death benefit become payable. You may withdraw or change your nomination at any time by writing to the Trustees. Your nomination, while not binding on the Trustees, will be given serious consideration by them.

Surname	<input type="text"/>
First names	<input type="text"/>
Title Mr/Mrs/Ms/Miss/Other (please specify)	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Relationship (if any)

Date of Birth

D	D	M	M	Y	Y	Y	Y
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%age of death benefit

Surname

First names

Title Mr/Mrs/Ms/Miss/Other (please specify)

Address

Postcode

Relationship (if any)

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

%age of death benefit

Surname

First names

Title Mr/Mrs/Ms/Miss/Other (please specify)

Address

Postcode

Relationship (if any)

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

%age of death benefit

Surname

First names

Title Mr/Mrs/Ms/Miss/Other (please specify)

Address

Postcode

Relationship (if any)

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

%age of death benefit

## Data Protection Act 1998

The Marine and General Mutual Life Assurance Society (trading as MGM Advantage) will use the information provided on this form together with any other information about you provided in connection with this application to set up and administer your policy. We may pass information about you to companies within the MGM Advantage Group, our third party providers or to any legal or regulatory body. We may use electronic searches, including credit reference agencies that will record any credit searches on your file. This is to help prevent fraud, to check your identity and to prevent money laundering.

By completing and submitting this form you consent to us processing your sensitive data.

We may record telephone conversations that you have with us to improve our customer service standards. You have a right under the Data Protection Act 1998 to ask for a copy of your information held by us in our records in return for payment of a small fee, and to ask us to amend any inaccuracies. Please write to: Data Protection Officer, MGM Advantage, MGM House, Heene Road, Worthing, West Sussex, BN11 3AT.

**Marketing:** Are you happy for MGM Advantage and its other companies to contact you by post, phone, or email about other services if we believe they may be of interest to you? Yes  No

## Declarations

### Declaration to MGM Advantage

- I declare that to the best of my knowledge and belief, the information in this application is true and complete and that I have not withheld any material information. I understand that failure to declare information may result in amendment or cancellation of the policy.
- I agree that this application for a personal pension policy will form the basis of the contract.
- I confirm that I have seen the key features document and illustration of my pension benefits, and I am aware of my cancellation rights.
- I authorise MGM Advantage to seek payment from the pension provider(s) shown in this application, I consent to MGM Advantage seeking further information from the pension provider(s) and I authorise the giving of the information requested.
- I understand that purchase of the policy is subject to the consent of the administrator/trustees of the ceding arrangements/scheme.
- I apply to become a member of the MGM Personal Pension Plan and agree to be bound by the rules of the Plan. MGM Advantage, as Scheme Administrator, agrees to administer my pension in accordance with the Rules of the Plan.
- I authorise and instruct you to transfer the funds from the plan(s) as listed directly to MGM Advantage.
- I confirm that, where Protected Rights are included in this purchase, this is how I wish to give effect to these Protected Rights.
- Where you have asked me to give you the 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 you may incur as a result of having made the transfer(s).
- Until this application is accepted and complete, MGM Advantage's responsibility is limited to the return of the total payment(s) to the existing provider(s).
- Where the payment(s) made to MGM Advantage represent(s) all of the funds under the plan(s) listed, then payment made as requested will discharge the existing provider(s) of all claims and responsibilities in respect of the plan(s) listed.
- Where the payment(s) made to MGM Advantage represent(s) part of the funds under the plan(s) listed, then the existing provider(s) 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 Existing Pension Provider

- I would like to take funds from the plan(s) listed.
- I authorise you to release all necessary information to MGM Advantage to enable the transfer of funds to MGM Advantage.

### Declaration to MGM Advantage and Existing Pension Provider

- I promise to accept responsibility in respect of any claims, losses and expenses that MGM Advantage and my existing 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.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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## Transfer in payment details - to be completed by the transferring scheme

**N.B. Transfers cannot be accepted in respect of crystallised rights.**

Member's name:

Scheme name:

Administrator's address

### Arrangement number(s):

This is a scheme registered (or deemed to be registered for section 226 Retirement Annuity Contracts) with HMRC under Chapter 2, Part 4 of the Finance Act 2004.

Revenue reference number/  
Pension Scheme Tax Reference Number

Scheme Contracting Out Number  
(ASCN/SCON)

### Transfer Payment details

Total transfer payment

Amount of Protected Rights included in the above

### Split of Protected Rights

Pre-97 protected rights

Post-97 protected rights

Period of contracted-out employment

From:

to:

### Divorce/Dissolved Civil Partnership information

Pension credit amount (included in the Total payment above)

£

### Contracting out forms

We are arranging completion of the relevant Contributions Agency form(s) and its onward transmission within the required timescales.

yes

no



adviser's details

To enable MGM Advantage to fulfil its regulatory reporting requirements, please state whether or not advice was given to the customer in respect of this business.

I can confirm that advice was given

No advice has been given to the customer in respect of this transaction

**Initial Commission**

Is initial commission sacrifice required?

yes

no

If yes, how much initial commission is being given up?

% (in 0.25% bands)

**Transfers from Occupational Pension Schemes**

Has the transfer been reviewed by a suitably qualified Pension Transfer Specialist?

yes

no

If yes, please give the name of the individual/organisation acting as the Pension Transfer Specialist:

Signature of adviser

Date

D	D	M	M	Y	Y	Y	Y
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