

Transfer In Member Authority Form - TO BE COMPLETED BY THE MEMBER

Please return your completed forms to Atlas Master Trust, Capita, PO Box 555, Stead House, Darlington, DL1 9YT or memberenquiries@atlasmastertrust.co.uk

Part A Personal Details

Title	
Full Name	
Date of Birth	
NI Number	
Address	

Part B Member Authorisation

I authorise, instruct and apply the current Pension Providers to transfer sums and assets from the Plan as listed in Section 1 directly to the Pension Provider in Section 2 and to provide any instructions and/or discharge required by any relevant third party to do so.

Section 1 Details of the Pension Scheme you wish to transfer from

Current plan number	
Full name of current provider	
Approximate fund value of the plan you wish to transfer from	
Does this represent the full value of the plan	

Section 2 Details of the Pension Scheme you are transferring into

Full name of receiving Scheme	Atlas Master Trust
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I authorise the *Atlas Master Trust*, my *existing pension provider detailed in section 1*, any contributing employer and any financial intermediary named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to the *Atlas Master Trust*.

Until this application is accepted and complete, the *Atlas Master Trust's* responsibility is limited to the return of the total payment(s) to the *existing provider detailed in section 1*.

When payment is made to the *Atlas Master Trust* as instructed, I shall no longer be entitled to receive pension benefits from the whole of the pension detailed in section 1 of this application where the whole of the plan is transferring, or that part of the plan represented by the payment if only part of the plan is transferring.

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that the *Atlas Master Trust* and the *existing pension provider detailed in section 1* may incur as a result of any incorrect, untrue or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application.

Signature	
Date	

The information provided will be processed by the Scheme for purposes only associated with the Scheme and will be used in accordance with its policies and the Trust Deed & Rules and the applicable data protection legislation.