#### PP - Non-Joiner:

Date:

#### PENSION PROVIDER INFORMATION REQUEST

Dear Sirs,	
Pension Name:	
Pension Reference:	
FSCS Reference:	
•	compensation to the Financial Services Compensation Scheme. So that need certain information. Please can you send me the following:
1. Confirmation of the	e original selling agent, their address and their SIB/FSA/FCA number.
<ol><li>Confirmation of ar pension (if applica</li></ol>	y additional selling agents that arranged investments held within the ble).
3. A copy of the origi	nal application form.
4. A copy of the appl	ication form for any investment(s) held within the pension (if applicable)
contributions, inve	nistory from inception to present showing all transfers in and out, stments and disinvestments, charges, income payments and drawals and in-specie transfers.
<ol><li>The current fund a transfer.</li></ol>	and transfer values, and details of any penalty that would apply upon
<ol><li>A schedule showir applicable, the uni</li></ol>	ng the assets currently held along with their value (and where t-holding) of each.
8. Details of any adm	ninistration fees or charges applicable upon transfer.
and date of the tra	en transferred to another provider, please provide details of the value insfer, as well as the name of the receiving provider (if any assets were cie, please provide details).
_	authority to release any additional information about my pension es Compensation Scheme at a future date.
I look forward to hearing	from you as soon as possible.
Yours faithfully Name(s):	
Address(s):	
Signature(s):	

## **ANNUITY PROVIDER INFORMATION REQUEST**

Dear Sirs,	
Annuity Referenc	e:
FSCS Reference:	
	m for compensation to the Financial Services Compensation Scheme. So that aim I need certain information. Please can you send me the following:
1. Confirmation	n of the original selling agent, their address and their SIB/FSA/FCA number.
2. A copy of th	e original application form.
3. A copy of th	e annuity policy schedule.
4. A copy of th	e annuity illustration or quote provided prior to the sale.
	s my authority to release any additional information about my pension ervices Compensation Scheme at a future date.
I look forward to he	earing from you as soon as possible.
Yours faithfully	
Name(s):	
Signature(s):	

## OCCUPATIONAL PENSION SCHEME INFORMATION REQUEST

Dear Sirs,
Pension Scheme Name:
Date of advice to not join the scheme:
FSCS Reference:
I am making a claim for compensation to the Financial Services Compensation Scheme. So that I may submit the claim I need certain information. Please can you send me the following:
1. A copy of the scheme booklet applicable at the date recorded above.
2. A copy of the current scheme booklet.
<ol> <li>Supplemental scheme information such as history of discretionary increases awarded in the last 5 years for both in deferment and in payment pensions (if any) and the scheme equalisation date.</li> </ol>
Please take this as my authority to release any additional information about my pension to the Financial Services Compensation Scheme at a future date.
I look forward to hearing from you as soon as possible.
Yours faithfully
Name(s):
Address(s):
Signature(s):
Date:

# **ORIGINAL PERSONAL PENSION INFORMATION REQUEST**

(WHERE ADVISED TO TRANSFER, SWITCH OR CASH IN AN EXISTING PENSION)

Dear Sirs,	
Pension Name:	
Pension Reference:	
FSCS Reference:	
<u> </u>	mpensation to the Financial Services Compensation Scheme. So that ed certain information. Please can you send me the following:
1. Confirmation of the	type of pension.
	and date of the transfer payment, as well as the name of the fany assets were transferred in-specie, please provide details).
3. Details of any guara	nteed benefits if applicable.
	thority to release any additional information about my pension Compensation Scheme at a future date.
I look forward to hearing from	om you as soon as possible.
Yours faithfully	
Name(s):	
Address(s):	
Signature(s):	
Date:	

#### FSAVC:

Date:

#### PENSION PROVIDER INFORMATION REQUEST

Dear Sirs,
Pension Name:
Pension Reference:
FSCS Reference:
I am making a claim for compensation to the Financial Services Compensation Scheme. So that I may submit the claim I need certain information. Please can you send me the following:
1. Confirmation of the original selling agent, their address and their SIB/FSA/FCA number.
<ol><li>Confirmation of any additional selling agents that arranged investments held within the pension (if applicable).</li></ol>
3. A copy of the original application form.
4. A copy of the application form for any investment(s) held within the pension (if applicable)
<ol> <li>A full transaction history from inception to present showing all transfers in and out, contributions, investments and disinvestments, charges, income payments and distributions, withdrawals and in-specie transfers.</li> </ol>
<ol><li>The current fund and transfer values, and details of any penalty that would apply upon transfer.</li></ol>
<ol><li>A schedule showing the assets currently held along with their value (and where applicable, the unit-holding) of each.</li></ol>
8. Details of any administration fees or charges applicable upon transfer.
<ol> <li>If the plan has been transferred to another provider, please provide details of the value and date of the transfer, as well as the name of the receiving provider (if any assets were transferred in-specie, please provide details).</li> </ol>
Please take this as my authority to release any additional information about my pension to the Financial Services Compensation Scheme at a future date.
I look forward to hearing from you as soon as possible.
Yours faithfully Name(s):
Address(s):
Signature(s):

## **ANNUITY PROVIDER INFORMATION REQUEST**

Dear Sirs,	
Annuity Refere	nce:
FSCS Reference	e:
	aim for compensation to the Financial Services Compensation Scheme. So that claim I need certain information. Please can you send me the following:
1. Confirmat	ion of the original selling agent, their address and their SIB/FSA/FCA number.
2. A copy of	the original application form.
3. A copy of	the annuity policy schedule.
4. A copy of	the annuity illustration or quote provided prior to the sale.
	s as my authority to release any additional information about my pension Services Compensation Scheme at a future date.
I look forward to	hearing from you as soon as possible.
Yours faithfully	
Name(s):	
Address(s):	
Signature(s):	
Date:	

## OCCUPATIONAL PENSION SCHEME INFORMATION REQUEST

Dear Sirs,	
Pension Scheme Name:	
Reference or Account Numbe	er:
FSCS Reference:	
•	nsation to the Financial Services Compensation Scheme. So that ertain information. Please can you send me the following:
1. A copy of the Deferred B	enefit Statement at date of leaving, if applicable.
2. A copy of the scheme bo	oklet applicable for the date of leaving of this scheme member.
3. A copy of the current sch	ieme booklet.
• •	formation such as history of discretionary increases awarded in n deferment and in payment pensions (if any) and the scheme
5. Confirmation of the date	and amount of any transfer value paid.
	nouse AVCs or other pension benefits from transferred-in ere included in any transfer amount paid.
	ity to release any additional information about my pension pensation Scheme at a future date.
I look forward to hearing from yo	ou as soon as possible.
Yours faithfully	
Name(s):	
Address(s):	
Signature(s):	

#### **ORIGINAL PERSONAL PENSION INFORMATION REQUEST**

(WHERE ADVISED TO TRANSFER, SWITCH OR CASH IN AN EXISTING PENSION)

Dear Sirs,				
Pension Name:				
Pension Reference:				
FSCS Reference:				
	mpensation to the Financial Services Compensation Scheme. So that ed certain information. Please can you send me the following:			
1. Confirmation of the	type of pension.			
	2. Details of the value and date of the transfer payment, as well as the name of the receiving provider (if any assets were transferred in-specie, please provide details).			
3. Details of any guara	nteed benefits if applicable.			
	Ithority to release any additional information about my pension Compensation Scheme at a future date.			
I look forward to hearing fro	om you as soon as possible.			
Yours faithfully				
Name(s):				
Address(s):				
Signature(s):				
Date:				

#### **FSAVC PROVIDER INFORMATION REQUEST**

Dear Sirs,	
FSAVC Reference Number:	
FSCS Reference:	
	to the Financial Services Compensation Scheme. So that nformation. Please can you send me the following:
<ol> <li>Confirmation of the original selling number.</li> </ol>	ng agent, their address and their SIB/FSA/FCA reference
2. A copy of the application form a	nd policy schedule.
	ception to present showing all transfers in and out, disinvestments, charges, income payments and -specie transfers.
<ol><li>The current fund and transfer va transfer.</li></ol>	alues, and details of any penalty that would apply upon
•	torical charges applied to the plan and fund since harges, broken down by annual management charge, ffer spread and allocation rate.
	to another provider, please provide details of the value as the name of the receiving provider (if any assets were ovide details).
Please take this as my authority to r to the Financial Services Compensa	elease any additional information about my pension tion Scheme at a future date.
I look forward to hearing from you as s	oon as possible.
Yours faithfully	
Name(s):	
Address(s):	
Signature(s):	

#### Other Pension type:

#### PENSION PROVIDER INFORMATION REQUEST

Dear Sirs,			
Pension Name:			
Pension Reference:			
FSCS Reference:			
•	eed certain information. Please can you send me the following:		
1. Confirmation of the	original selling agent, their address and their SIB/FSA/FCA number.		
<ol><li>Confirmation of any pension (if applicate</li></ol>	additional selling agents that arranged investments held within the ble).		
3. A copy of the origin	al application form.		
4. A copy of the applic	4. A copy of the application form for any investment(s) held within the pension (if applicable)		
contributions, inves	story from inception to present showing all transfers in and out, transfers in and out, transfers and disinvestments, charges, income payments and rawals and in-specie transfers.		
<ol><li>The current fund ar transfer.</li></ol>	nd transfer values, and details of any penalty that would apply upon		
7. A schedule showing applicable, the unit	g the assets currently held along with their value (and where -holding) of each.		
8. Details of any admi	nistration fees or charges applicable upon transfer.		
and date of the tran	n transferred to another provider, please provide details of the value asfer, as well as the name of the receiving provider (if any assets were ie, please provide details).		
	uthority to release any additional information about my pension compensation Scheme at a future date.		
I look forward to hearing for	rom you as soon as possible.		
Yours faithfully Name(s):			
Address(s):			

Signature(s):

## **ANNUITY PROVIDER INFORMATION REQUEST**

Dear Sirs,				
Annuity Reference:				
FSCS Reference:				
		ncial Services Compensation Scheme. So that Please can you send me the following:		
1. Confirmation of the	original selling agent, th	eir address and their SIB/FSA/FCA number.		
2. A copy of the origin	al application form.			
3. A copy of the annui	ty policy schedule.			
4. A copy of the annui	4. A copy of the annuity illustration or quote provided prior to the sale.			
Please take this as my a to the Financial Services		additional information about my pension ne at a future date.		
I look forward to hearing fr	om you as soon as poss	sible.		
Yours faithfully				
Name(s):				
Address(s):				
Signature(s):				
<u> </u>				

## OCCUPATIONAL PENSION SCHEME INFORMATION REQUEST

Dear Sirs,					
Pension Sche	me Name:				
Reference or	Account Number:				
FSCS Referer	ıce:				
	claim for compensati ne claim I need certai			•	
1. A copy	of the Deferred Bene	fit Statement at	date of leaving	, if applicable.	
2. A copy	of the scheme bookle	t applicable for	the date of lea	ving of this sch	neme member.
3. A copy	of the current scheme	e booklet.			
the last	mental scheme inform 5 years for both in de ation date.		•	•	
5. Confirm	ation of the date and	amount of any	ransfer value ¡	paid.	
	confirm if any in-hous s for example were in		•		ferred-in
	nis as my authority t al Services Comper	_			ut my pension
look forward t	to hearing from you a	s soon as possi	ble.		
Yours faithfully	,				
Name(s):					
Address(s):					
Signature(s):					

# **ORIGINAL PERSONAL PENSION INFORMATION REQUEST**

(WHERE ADVISED TO TRANSFER, SWITCH OR CASH IN AN EXISTING PENSION)

Dear Sirs,				
Pension Name:				
Pension Reference:				
FSCS Reference:				
<u> </u>	mpensation to the Financial Services Compensation Scheme. So that ed certain information. Please can you send me the following:			
1. Confirmation of the	type of pension.			
	2. Details of the value and date of the transfer payment, as well as the name of the receiving provider (if any assets were transferred in-specie, please provide details).			
3. Details of any guara	nteed benefits if applicable.			
	thority to release any additional information about my pension Compensation Scheme at a future date.			
I look forward to hearing from	om you as soon as possible.			
Yours faithfully				
Name(s):				
Address(s):				
Signature(s):				
Date:				