# Transfer advice confirmation form

## Confirmation of receipt of appropriate independent advice



# **Local Government Pension Scheme (LGPS) members**

Scheme member name	
National Insurance number	
Authorised independent	
adviser name	
Company / Business name	
FCA reference number of the	
company / business	

**Information:** Before a transfer of safeguarded benefits from the LGPS can take place, a scheme member must provide proof that they have taken appropriate independent advice.

**Instructions for completion:** This form must be completed by the authorised independent adviser from whom advice has been sought regarding a transfer to an arrangement offering flexible benefits. Once completed, the form should be given to the scheme member who, if they wish to proceed with the transfer, must also sign the form and return it with the transfer discharge forms.

# Independent adviser declaration

- I have provided advice which is specific to a transfer of safeguarded benefits from the LGPS to an arrangement offering flexible benefits to the scheme member named above. The advice is specific to the type of transaction proposed by the scheme member.
- I have authorisation from the Financial Conduct Authority and can act as an authorised independent adviser as permitted under Part 4A of the Financial Service and Markets Act 2000, or resulting from any other provisions of that Act, to carry on the regulated activity in Article 53E of the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001 or I am acting as an appointed representative (within the meaning given by section 39(2) of that Act) in relation to a regulated activity so specified.
- I am a pension transfer specialist or, if I am not, the advice I have provided has been checked by a pension transfer specialist.1
- The FCA reference number of the company or business in which I work for the purposes of authorisation from the FCA to carry out the regulated activity in the aforementioned article 53E is quoted above.

Signed (by the Adviser)	Date signed	
Print name		

You must sign the form. This must be your signature and not your printed name. You can use an electronic signature if you create one. Alternatively, you can manually sign the form, scan it, save it to your device and upload it. <u>Use the secure online enquiry and document upload form</u>

Scheme ber name:	National Insurance Number:	
Authorised dependent	FCA reference number of the company /	
isor name:	business:	

## Scheme member declaration

I have received the advice as set out above. I acknowledge that this form confirms receipt of advice only and that separate discharge forms are required should I wish to proceed with a transfer.

Signed	Date	
(by the scheme member)	signed	
Print name		

You must sign the form. This must be your signature and not your printed name. You can use an electronic signature if you create one. Alternatively, you can manually sign the form, scan it, save it to your device and upload it. <u>Use the secure online enquiry and document upload form</u>

#### **Privacy notice**

In order to administer the pension scheme, we collect, hold, process and share personal data. For further information read our privacy notice on the Kent Pension Fund website – www.kentpensionfund.co.uk/privacynotice