

TRANSFER BUREAU CASE SUBMISSION FORM



Adviser Firm Details

Adviser Firm Name

Contact Name for O&M at Adviser Firm

O&M Contact's Email Address

Client Details

Client Title (eg Mr)

Client Surname

Maiden / Previous Surname

Client Forename(s)

NI Number

Date of Birth

Marital Status Married Divorced Widowed
Single Separated Civil Partnership
Partner

Legally Recognised Gender Male Female

Partner Details

Partner Name

Partner Surname

Partner Date of Birth

Partner Legally Recognised Gender Male Female

Pension Scheme Details

Pension Scheme Name

Same Partner and Marital Status now as when left Pension Scheme Yes No

Specific Scheme Admin Contact Name (if known)

Scheme Phone No.

Scheme Email Address

Report & Service Details

Please tick this box to confirm the original letter of authority has been sent directly to the Pension Scheme Administrators

Alternative Retirement Projection at¹

- Immediate Retirement
- Specific Age _____
- Specific Date _____

Drawdown Income Modelling

- Switch to Spouse's Pension at Member Life Expectancy
- Member Pension Forever
- Both²

¹Reports will be produced at scheme normal retirement age and alternative retirement age – this is usually early retirement 5 years before. If you wish to show a particular age, or date please enter in the box above.

Tax Rate in Retirement (default is 20%)

²If this option is selected, you confirm that you accept the additional re-run cost to cover both scenarios.

Send Case Paperwork to

newcases@ompensions.co.uk

O&M Pension Solutions Ltd
5 Kings Court, Newcomen Way,
Colchester, CO4 9RA

Any queries, please refer to the [guidance notes](#) available on our website, or telephone O&M on 01206 805405

All cases will be acknowledged via email within 48 hours of receipt at O&M

V5.3

PRODUCT PROVIDER FORM



Client Details

Title Forename(s) Surname

Pension Scheme Name

Adviser Charge Options

If left blank, we will assume no adviser charges apply

Facilitated by Product Provider Paid Direct by Client No Adviser Charges

Initial Charge _____ % Ongoing Charge (per annum) _____ % Monthly Quarterly
 Initial Charge £ _____ Ongoing Charge (per annum) £ _____ Taken Bi-Annually Annually

Personal Pension

If left blank we will assume a Generic 1% AMC product

Pension Product Name *If we do not hold the selected product or investment we will contact you for further information or to request an illustration from the receiving scheme*

Investment Portfolio Name

ISIN/ Fund Name	Allocation %	ISIN/ Fund Name	Allocation %
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

We can input up to 30 funds, if you have more than 10 funds, please send us a list of the funds and the percentage invested in each.

Bespoke Charging Structure - *If you have a deal with the product provider, please complete the below*

Product Charges

Initial Charge _____ % Ongoing Charge (per annum) _____ % Monthly Quarterly
 Initial Charge £ _____ Ongoing Charge (per annum) £ _____ Taken Bi-Annually Annually

Investment Portfolio Charges

Initial Charge _____ % Ongoing Charge (per annum) _____ %
 Initial Charge £ _____ Ongoing Charge (per annum) £ _____

Fund Specific Growth Rates (excluding inflation)¹ Low _____ % Mid _____ % High _____ %
Report defaults:- 2% 5% 8%

¹ Please note the growth rates are capped at 2%, 5% and 8% in line with the intended FCA maximum.

Section 32

If left blank we will assume no Section 32 comparison is required

Generic 1% AMC Product Transact Section 32 Product No Section 32

V4.3

LETTER OF AUTHORITY



Pension Scheme Details

Employer Name

Pension Scheme Administrators

Pension Scheme Address

Postcode

Telephone Number

Fax Number

Client Details

Title

Surname

Forename(s)

Maiden / Previous Surname

Date of Birth

Address

Postcode

Employee Payroll Number

NI Number

Client Authority

Please accept this letter as my authority for you to release information as requested by my financial advisers detailed below **and their agents O&M Pension Solutions** (of 5 Kings Court, Newcomen Way, Colchester, Essex, CO4 9RA) to enable them to conduct a full review of my scheme benefits.

Signed

Date

Financial Adviser Details

Contact Name

Company Name

Address

Postcode