Transfer of safeguarded benefits to a defined contribution / flexible benefits scheme



To be completed by the financial adviser when the USS transfer value (ignoring MPAVCs) is equal to or greater than £30,000

Please complete this form using BLOCK CAPITALS		
Member details		
Title	Surname	
Forenames		National insurance number
Receiving scheme na	me	
Registered financial a	adviser's details	
Company Name		Your company's FCA number
Title	Surname	
Forenames		Your FCA number (Registered Individual No.
Declaration by finance	cial adviser:	
I can confirm		
 I have permission t transfer of safegua 		er article 53E of the FCA's Regulated Activities Order to provide advice on the
Advice has been given	ven to the above named client on the	transfer of their safeguarded benefits to a flexible benefits scheme.
I have discussed wi a deferred benefit	th the above named client the possib entitlement in USS.	e merits and risks associated with opting for a transfer, compared with retaining
Adviser signature:		Date: