



Transfer out option form

Return this form to: Universities Superannuation Scheme Limited, Royal Liver Building, Liverpool, L3 1PY

Please complete this form using BLOCK CAPITALS

IMPORTANT:

Please be aware that only one free transfer quotation, per benefit section, will be issued in any 12-month period. There will be a charge (currently £235) for further transfer quotations provided within 12 months of your original request. You may wish to check that the receiving scheme is willing and able to accept a transfer, if they are not, then we will not be able to complete the transfer.

Before transferring your pension to another scheme, it's important to consider whether it's right for you and what you'll be missing out on.

Read **Is transferring out right for you?** on our [transferring out page](#) and visit [what you'll get as a member](#) to find out more about the benefits you'd miss out on.

Member details

Title _____ Surname _____

First names _____

Date of Birth _____

National Insurance Number _____ Member number _____

Address _____

Contact telephone number _____ Email address _____

Transfer Option

1. A transfer to another registered pension scheme - All USS benefits from the Retirement Income Builder and the Investment Builder.

☐ I would like to explore the possibility of transferring my Retirement Income Builder and my Investment Builder benefits to another registered pension scheme. Please send me a current transfer value and discharge forms.

2. A transfer to another registered pension scheme - the Retirement Income Builder only.

- ☐ I would like to explore the possibility of transferring my Retirement Income Builder benefits to another registered pension scheme. Please send me a guaranteed current transfer value and discharge forms.

3. A transfer to another registered pension scheme - the Investment Builder only.

- ☐ I would like to explore the possibility of transferring my Investment Builder savings to another registered pension scheme. Please send me a current transfer value and discharge forms.

Receiving scheme details

Name of new scheme _____

Member reference number of new scheme _____

Name of administrators or insurance company _____

Address of administrators or insurance company _____

Date joined new scheme _____

- ☐ If the proposed transfer is to a [Recognised Pension Scheme \(ROPS\)](#) outside the UK, please tick this box as we will need to send you different forms.

Additional information

Please tell us why you are interested in this information:

Office use only

- | | |
|---|---------|
| <input type="checkbox"/> I am interested in transferring out my USS benefits so I can access Flexi-Access Drawdown*. | FAD |
| <input type="checkbox"/> I am interested in transferring my USS benefits to another scheme that offers UFPLS (Uncrystallised Funds Pension Lump Sum)*. | UFPLS |
| <input type="checkbox"/> I am interested in transferring my USS benefits to another scheme that offers an annuity*. | ANNUITY |
| <input type="checkbox"/> I am interested in transferring my USS benefits to another scheme regardless of Flexible Access Drawdown/UFPLS/annuity provision. | OUT |
| <input type="checkbox"/> My financial adviser needs this information in order to produce a Transfer Value Analysis report (TVAS). | TVAS |
| <input type="checkbox"/> I want to understand what the transfer value of my USS benefits is simply out of interest. This will result in a non-guaranteed transfer value being provided without discharge forms. | VALUE |

☐ Other. Please state reason:

OTHER

*Please see the [Using your Investment Builder pot](#) webpage for more information on the UFPLS, Flexible Access Drawdown and annuity provisions available in USS. I understand that it is my responsibility to notify USS that I am accessing my funds for these reasons as it will affect my annual allowance.

Data protection

Universities Superannuation Scheme Limited takes its obligations under the General Data Protection Regulation (GDPR) seriously and has appropriate procedures in place to ensure your personal data and rights are protected. The information provided on this form will be used for the purpose of administering your pension. Where necessary we may disclose your information to your employer, our appointed third parties, and the administrators of the scheme(s) you have identified. By completing this form, you provide your consent for us to contact the administrators of the scheme(s) you have identified on this form. You can withdraw your consent at any time and the transfer in process will be stopped.

Find out more about how we collect and process your personal data, protect your privacy, and how you can contact our data protection officer, by visiting uss.co.uk/privacy-notice.

For a glossary of our terms please see more information on our [important information](#) page.

Please sign the declaration.

Declaration by member

I understand that the first quote for any section of benefits is free and any future quotes for the same section of benefits in the following 12 months will incur a fee (currently £235).

I understand I can withdraw my consent at any time by contacting either scheme and the transfer out process will be ceased as soon as reasonably practicable (if you notify the transferring scheme the process will be ceased as soon as reasonably practicable after we have received notification from them that your consent has been withdrawn).

Name _____

Member's signature _____ Date _____