



Other party form of indemnity

Btpensions.co.uk

csu@railpen.com

0800 012 1117

PO Box 300, Darlington,
DL3 6YJ

Member name:

Member reference:

Calculation date:

Please ensure this form is **completed and signed by your new pension provider**, using black ink and capital letters.

Full name of receiving scheme:

Receiving scheme type

Address of receiving scheme:

Postcode:

Reference:

Membership/Policy number:

Please make the payment(s) to the bank/building society account below:

Bank or building society name:

Account holder's name:

Sort code:

 - -

Account number:

Building society roll no. (if applicable):

If you wish us to make payment(s) to an overseas account, please let us know the country where the account is held and we will then send an overseas banking details form for you to complete.

Payment country:



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We declare that the receiving arrangement has been registered by HM Revenue & Customs for tax relief and exemptions in accordance with the Finance Act 2004 and enclose a copy of our HMRC registration certificate.

We hereby authorise HMRC to confirm or otherwise to Railpen that the above statement is true.

Your name:	<input type="text"/>
Contact number:	<input type="text"/>
Email address:	<input type="text"/>
Your position in the company:	<input type="text"/>
Signature:	<input type="text"/>
Date signed:	<input type="text" value="D D / M M / Y Y Y Y"/>

Thank you. Please return this form to the address at the top of this page.