

Please complete this form if you have reviewed and understood the information provided, including the transfer value (not guaranteed) and wish to continue with the transfer from the ceding provider.

### Personal information

Surname (Mr, Mrs, Miss, Ms, Other)	Forename(s)
Address	
Postcode	
Date of birth	
Name of ceding scheme	

### Member declaration

I wish to proceed with the transfer of benefits and authorise Aviva on behalf of the Trustee of The Pearson Pension Plan to request the administrators of my previous arrangement to transfer the benefits.	
Please return to: Aviva, PO Box 1550, Salisbury, SP1 2TW	
Print name	
Signature	Date

The Trustee, as the controller under the EU General Data Protection Regulation, uses certain personal information about you to (amongst other reasons) communicate with you and administer your benefits in the Plan. Your information is shared with the Plan's administrators, other providers of services to us, and public bodies such as Her Majesty's Revenue and Customs. For more detailed information on how we use and disclose your information, the protections we apply, the legal bases we rely on and your data protection rights, please see our privacy notice at [www.pearson-pensions.com/privacy-policy](http://www.pearson-pensions.com/privacy-policy). If you would like a copy of our privacy notice to be sent to you, please contact the pensions helpline.



Awarded for the  
Plan's Money Purchase  
2003 section

