

FOR MEETING WITH TOM.



ZURICH

~~Plaintiff's claim.~~

FULL TRANSFER +

Non Prot + Prot Rights

Claim form

Transfer

REVEN COMPLETED TO:

ZURICH ASSURANCE LTD

~~THE GRANGE~~ UK LIFE CENTRE

~~BROADWAY~~ STATION RD

SWINDON

SN1 1EL

Section 1

Your details

Name THOMAS A FLEMING

Previous surname (if applicable)

Plan number P16385-245-001 DL

Address 10 FLETCHER DRIVE
BOWDON
CHESHIRE

Postcode WA14 3FZ

Daytime telephone number* 07770730374

Evening telephone number* 07770730374

*We may need to contact you to discuss the claim and if you provide your telephone number this will help to avoid any delays

Section 2

Details of the receiving scheme

Please note that, for the receiving scheme to accept the transfer, you must be a member of the receiving scheme.

Please tick the box to confirm the type of receiving scheme

☐ A pension scheme that was fully approved by HM Revenue & Customs (HMRC) before 6 April 2006 and became a registered pension scheme on that date under Chapter 2, Part 4 Finance Act 2004 (as amended)

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Please confirm the type of the receiving scheme, for example, Personal Pension scheme.

SMALL SELF ADMINISTERED SCHEME

Is the receiving scheme contracted out? Yes ☒ No ☐

If yes, please confirm the ASCON number

Section 3

Receiving scheme approval/registration

What is the HMRC Approval/Registration number?

If the scheme does not have a HMRC Approval/Registration number, please confirm the type of scheme.

PLEASE NOTE TRANSFER OF 100% OF ALL PROT RIGHTS
& NON PROT RIGHTS HOLDINGS.

Section 4

Payment details

Cheque payable to*

Address

Postcode

Reference

Contact name

* This must be the provider/insurer of the receiving scheme or, if there is no provider/insurer, the scheme administrator (for example, trustees). If payment is to be made to the scheme administrator, documentary evidence showing the scheme administrator's link with the receiving scheme must be provided, for instance, a copy of the scheme's letter of approval/registration.

Section 5

Declaration

I/we authorise Zurich Assurance Ltd to pay the plan proceeds as permitted by the terms and conditions and as detailed in this claim form and any other supporting documentation.

I/we understand that


- the final transfer value will be calculated on the next valuation date following receipt of all documentation and information required

By signing this authority I accept that payment by Zurich is in full and final settlement of the claim and Zurich are under no further liability.

- I am not bankrupt and have not been since starting the plan.

To the best of my knowledge and belief all of the details Zurich hold about me and the contents of this claim form are true and complete.

Signature



Name in
BLOCK CAPITALS

THOMAS FLOWING

Date

20 12 2010