

## FORM OF AUTHORITY AND DISCHARGE

This form should be used for transfers to a UK registered pension scheme only.

To Clerical Medical

**Pension Transfer Account - PTA/N4057760D**

**Mr R C Fillan**


I authorise you to transfer the value of my Clerical Medical Pension Transfer Account to the Receiving Scheme/Provider detailed below.

- The transfer value is £35,728.01 as at 11 October 2016. This value assumes all premiums are paid to date.
- Following receipt of the completed Form of Authority and Discharge, Clerical Medical will calculate the actual transfer value payable to the Receiving Scheme/Provider. The amount will be calculated in accordance with the policy provisions, and may include Terminal Bonus and/or a Market Value Adjuster.

Once the transfer value has been paid to the Receiving Scheme/Provider, my Clerical Medical Pension Transfer Account will then end.

### Payment Details Receiving Scheme/Provider – To be completed and signed by you

Provider name and address	
Contact name	
Please confirm the Pension Scheme Tax Reference (PSTR)	
Type of arrangement	
Reference/Policy Number	

Signed  Richard Cameron Fillan	Dated 25-4-17
--	---------------

**In order for monies to be paid to your chosen provider we require written confirmation from them that they are able to accept the funds, together with any forms they need us to complete.**Page 1 of 2

**Payment Details – To be completed and signed by the new provider**

To make payment by BACS, please confirm the following

Sort Code

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Account Name

<input type="text"/>
----------------------

**DECLARATION**

**We declare that the information provided is true and complete to the best of our knowledge and belief.**

**We acknowledge that the transfer payment cannot be made to a broker of a third party and the payment details contained relate to a registered pension scheme.**

**Signed**

**Date**

**On behalf of the Managers/Insurers of the receiving arrangement**

(D)