

Form of authority and discharge

To: Clerical Medical Investment Group Limited

Individual Pension Plan

IPP / 5233412D

Miss G Telford

I authorise you to surrender the above policy with immediate effect and to apply the proceeds as instructed below.

I undertake that the transfer value will be applied to a UK registered pension arrangement.


- The Transfer Value available is £24,321.74.
- I agree that such payment shall be in full satisfaction and discharge of all claims and demands on Clerical Medical in respect of the Individual Pension Plan and that the Individual Pension Plan shall hereby be cancelled.
- The transfer value will be paid directly to the receiving arrangement.
- I understand that the actual amount of transfer value payable will include Terminal Bonus (if any) and a Market Value Adjuster (if any), and will be calculated using the bid prices in force on the working day following the date on which Clerical Medical receives the completed form of authority and discharge

In order for monies to be paid to your chosen provider we require confirmation from them that they are able to accept the funds.

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


Miss G Telford

Dated

26/2/13

Payment Details - To be completed and signed by new provider

To make payment by BACS, please confirm the following

Sort Code - -

Account Number

Account Name

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 or a third party and the payment details contained relate to a registered pension scheme

Signed <input type="text"/>	Date <input type="text"/>
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On behalf of the Managers/Insurers of the receiving arrangement