

To be completed by the transferring member

Name of transferring member	SIJABULILE NYIRONGO
Members Policy number to be transferred	PP3C6716302276
Name of receiving provider	RC ADMINISTRATION LIMITED

I declare that

1 My current address is:

101 ROWGOD DENE				
SOLIHULL				
WEST MIDLANDS				
B92 9LH				

We are required under Know Your Customers regulations to have an up to date address on our systems before making the transfer payment to your chosen provider.

- If you are aware that the address you've written above will be different from that on our records or the address has changed in the last 6 months, we will require two certified copy documents as evidence before any transfer can proceed. For details of acceptable documents please see appendix 1.
- 2 To the best of my knowledge and belief all the statements made in connection with this election are true and complete.
- I authorise and instruct Clerical Medical to surrender my arrangements under the transferring scheme and to pay the sums so derived as a transfer payment in accordance with the foregoing statements.

Signed	5	Jano	
Date	30	112 12002	



To be completed by the managers/insurers of the receiving arrangement

 The scheme/arrangement is a pension scheme registered under Cha Part 4 of the Finance Act 2004 (as amended, replaced or re-enacted) to accept a transfer value from a pension scheme registered under C Part 4 of the Finance Act 2004 (as amended, replaced or re-enacted) 	hapter 2 of)
 The section 32 buy-out policy meets the requirements of section 95(2 Pension Schemes Act 1993 	2)(c) of the
Provider name and address for correspondence:	
If the scheme is wholly insured, please provide the name of the Life Office:	
Pension Scheme Tax Reference (PSTR):	
To make payment by BACS, please confirm the following:	
Sort Code:	
Account Number:	
Account Name:	
BACS Reference:	Max 18 characters
Cheque Payee: (If appropriate) Cheques will be sent to the address above unless otherwise instructed.	
Declaration We declare that the information provided is true and complete to the best o We acknowledge that the transfer payment cannot be made to a broker or payment details above relate to a registered pension scheme.	of our knowledge and belief. a third party and the
Signed Date	
On behalf of the Managers/Insurers of the receiving arrangement.	