

Appendix 1 – This information page does not need to be returned with the form and is only required when the address provided differs from the one on our records or the address has changed in last 6 months.

In accordance with our Anti-Fraud measures we are obliged to ask for evidence of your identity. This requirement forms part of our fraud prevention measures, which aims to help us prevent fraudulent activity and, most importantly, protect you.

- You need to send to us **two** copy documents (see below for details).
- The documents must be **certified** as a true copy by an independent party who has authenticated the documentation you are using for Anti Money Laundering purposes (see below for information on who can certify copy documents).
- The document must be clear and legible.
- The document must include your name and current address.
- The document must be dated within the last 6 months, with the exception of an annual document which must be dated within the last 12 months.

Details of acceptable documents

Acceptable Documents	Details of requirements
Driving Licence	<ul style="list-style-type: none"> • Must be a current full valid Driving licence card • Counterpart must be included (Paper document) The above counts as one piece of evidence
Council tax correspondence	This could be a current demand, letter or statement.
HM Revenue and Customs correspondence	Recent Correspondence.
Utility Bill	The most recent version of the following documents: <ul style="list-style-type: none"> • Gas/Electricity/Water/Telephone
Bank statements	The most recent statement from a regulated financial services firm in the UK for example bank or account statement.

Unacceptable Documents

Passport
Mobile Phone Bills
Television Licence
General mailings from your bank/building society
Online banking statements
Store card statements
Documentation from your insurance provider

Having your documents certified by an appropriate person

The following is a list of appropriate persons who may certify documents. All documents must be certified as a true copy. You are not permitted to certify your own documents and please do not send originals.

- UK Lawyer/Solicitor
- Financial Conduct Authority (FCA) regulated Independent Financial Advisor (IFA)
- A Certified or Chartered Accountant who is a member of an accounting body recognised in the UK
- Regulated or professional person covered by the Money Laundering regulations for example your own Bank or Building Society may be willing to certify documents on your behalf

It is important that the full name, date, signature, position and full contact details including the address of the person providing the certification is supplied and that the certification states 'certified as a true copy of the original'. Where the document contains a photograph the person providing certification must also state 'the photograph bears a true likeness to the individual'.

Transfer Value Acceptance Form - to transfer funds away from Clerical Medical

Important notes - Please ensure the following information has been read before completing this form.

If you require any valuations please contact our Customer Services helpline on 0845 6036770, quoting the policy number and they will be happy to help.

We highly recommend that you contact an independent financial adviser (IFA) before deciding on transferring your policy. If you do not have one, you can obtain details of financial advisers in your area by visiting the website: www.unbiased.co.uk.

Protecting your identity and investment

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

- Where the address provided differs from that on our records we will require two certified copy documents as evidence before any transfer can proceed. For details of acceptable documents please see appendix 1.
- As an alternative we can accept the change of address confirmation from the servicing financial adviser who is entitled to commission on the policy being transferred or from your chosen receiving scheme.

What we need from you to make the transfer

- The attached declaration signed, dated and completed with confirmation of where you wish your pension policy to be transferred.
- Your current address – please ensure you refer to the Protecting your identity and investment section above.

What we need from your chosen pension provider

- Confirmation that they are able to accept the proposed transfer.
- Confirmation that the money will be applied to a registered pension scheme along with the Pension Scheme Tax Reference (PSTR) number, or for overseas transfers the QROPS.
- Confirmation of their bank details and where to send supporting correspondence.
- Signed and dated authority to declare all information provided to Clerical Medical is true and complete to the best of their knowledge and belief and that they understand payments will not be made to a broker or a third party and the payment will be applied to the registered scheme for which the details have been provided

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

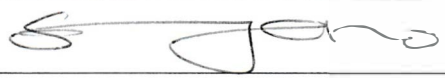
I declare that

- 1 My current address is:

101 Rowood Drive
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.
- 3 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	
Date	30/12/2022

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

1. The scheme/arrangement is a pension scheme registered under Chapter 2 of Part 4 of the Finance Act 2004 (as amended, replaced or re-enacted) and is able to accept a transfer value from a pension scheme registered under Chapter 2 of Part 4 of the Finance Act 2004 (as amended, replaced or re-enacted) ☒
2. The section 32 buy-out policy meets the requirements of section 95(2)(c) of the Pension Schemes Act 1993 ☐

Provider name and address for correspondence:

RC Administration Limited, 1A Park Lane, Poynton, Cheshire SK12 1RD

If the scheme is wholly insured, please provide the name of the Life Office:

Pension Scheme Tax Reference (PSTR): 20006332RB

To make payment by BACS, please confirm the following:

Sort Code:

2	3	-	0	5	-	8	0
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Account Number:

4	6	0	5	8	1	6	9
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Account Name:

Jabu's Retirement Capital

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 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 above relate to a registered pension scheme.

Signed



Date 13/01/2023

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