



ReAssure

## Declaration of Discharge and Indemnity Form

Policyholder: Phillip Mason

Policy number: P110333444 and  
P117162394

Receiving scheme name: Mason Family Pension Scheme

I confirm that I have read ReAssure's letters to me regarding my transfer request to the above Receiving Scheme and the identification of amber warning flags and I still wish to proceed with the transfer. I therefore confirm the following:

1. I have been instructed by ReAssure Limited/ReAssure Life Limited (ReAssure) to take pensions safeguarding guidance from MoneyHelper (provided through the Money and Pensions Service) as required by the Occupational and Personal Pension Schemes (Conditions for Transfers) Regulations when amber warning flags are identified with a pension transfer request.

2. (a) I **have** taken the pension safeguarding guidance from MoneyHelper:

23/11/2022

(Date of guidance appointment)

Unique Reference number: 877728/241122

OR

(b) I **have not** taken the pension safeguarding guidance from MoneyHelper.

*Please note failure or refusal to take the guidance when required to do so under the Occupational and Personal Pension Schemes (Conditions for Transfers) Regulations will mean that you will lose your statutory right to transfer and ReAssure will not process your transfer request.*

**(Please delete either 2(a) or 2(b) as applicable)**

3. I have been advised by ReAssure to seek and obtain independent financial advice from a financial adviser authorised by the Financial Conduct Authority (the FCA).

4. (a) I **have** obtained FCA regulated financial advice from:

Christopher G M Wicks FCA Registration No: C9W00003

(Name of Financial Adviser)

OR

(b) I **have not** obtained FCA regulated financial advice.

**(Please delete either 4(a) or 4(b) as applicable)**

5. I understand that, when accessing any of my pension funds, the maximum amount that can normally be paid tax free is 25%.
6. I hereby indemnify ReAssure (as the administrator or trustee of the relevant transferring ReAssure pension scheme or arrangement), and/or Phoenix Group Holdings plc ('Phoenix Group') and any other subsidiaries of the Phoenix Group, in respect of any sanction charges that may be levied upon them in relation to this transfer.
7. Once the transfer value has been paid to the Receiving Scheme/Administrator, my ReAssure pension will end.
8. I hold ReAssure and/or the Phoenix Group harmless from and against all costs, losses or expenses resulting from my decision to proceed with my transfer request, unless such an event has arisen because of any fraud, negligence, or wrongful act by ReAssure.
9. I confirm that any information provided about me by the Receiving Scheme, or my advisers has been verified by me as factual and correct and that ReAssure are in no way responsible for any quotation or any literature issued by the Receiving Scheme or my advisers.

SIGNED ON 25/3/23  
(Date)

PHILLIP MASON  
(Policyholder)

P. Mason  
(Policyholder signature)

IN THE PRESENCE OF THIS WITNESS:

JACK LOWICK-DAVIES  
(Name of witness)

29 Northampton Road

West Haddon, NN6 7AR  
(Address of witness)

Jack Lowick-Davies  
(Witness signature)

Witnesses should be independent, and cannot be your Spouse or Civil Partner, any member of your family, or anyone living at your address.