



ReAssure

Mailing 0000244

PLEASE RETURN ALL PAGES OF THIS FORM

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Policy Number(s): 91972200

Policyholder(s): Heather Ann Miller

Section 2 - Confirmation from you the policyholder

Declaration made by you

Please return your original policy documents with this form. If you cannot find them then, please read the section below.

I have carried out a diligent search in all the places I would expect to find the policies. I have also made enquiries of all people who may be able to give me information about their whereabouts but I have had no success in locating the policies.

If I find out where the policies are, I will inform you immediately. I will also return the policies to you as soon as I find them.

I authorise payment of the Open Market Option/transfer value to the receiving scheme, details of which the receiving scheme administrator has completed in Section 3, Part A. On payment of the transfer I discharge ReAssure Limited from any and all liability under the policies numbered in Section 1, Part A.

Signature of Policyholder/Trustee

Heather Ann Miller

Date

23/07/2014

Print Name

HEATHER ANN MILLER

If the policy is held under Trust then we need all the Trustees to sign below.

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Where the member is NOT the policyholder, please sign below:

Signature of member

Date

Print Name