

Declaration of Claim Discharge Transfer

Pension Plan	MR S DICKS
	3528679 1
A: Transfer Instruction Complete this section in all cases.	
I elect to take the benefits as detailed on	on quotation
If you choose to transfer to another app Trustees / Administrators of the receivi	proved pension provider please complete Section D overleaf and ask the ing Scheme / Life Office to complete Section C below.
B: Transfer Value Details as at 20.2.2014	
Total Amount of transfer value	£60667.
The total amount of transfer value is not guaranteed. Payment are received at Scottish Widows head office up so the final amount may be less than the amount of	 The actual transfer value will normally be calculated on the day the final documents required for e (Please see policy provisions for further details). Remember that unit values can go down as well as quoted above.
: Receiving Scheme/Life Office Deta to be completed by the Trustees/Administrators of the	ails
	ne receiving Scheme/Life Office. yment by chaque, please complete your company name and address in the fields below.
ame of Receiving Scheme/Life Office ddress of Receiving Scheme/Life Off ank	
ost Code	
ccount Name	
ort Code	Account Number
	(If left blank, policy number will be quoted)
eference Number: ne transfer will be paid to (please tick or	ne box:
ne transfer will be paid to (please tick or registered pension scheme as defined tother Scottish Widows Plan blicy number if known:	under Part 4 of the Finance Act 2004
ne transfer will be paid to (please tick or registered pension scheme as defined tother Scottish Widows Plan	under Part 4 of the Finance Act 2004
ne transfer will be paid to (please tick or registered pension scheme as defined nother Scottish Widows Plan blicy number if known: e agree to accept the transfer as indicating the scheme as the scheme agree to accept the transfer as indicating the scheme agree to accept the transfer as indicating the scheme agree to accept the transfer as indicating the scheme agree to accept the transfer as indicating the scheme agree to accept the transfer as indicating the scheme agree to accept the transfer as indicating the scheme agree agree to accept the scheme as defined to the scheme as defined t	under Part 4 of the Finance Act 2004
registered pension scheme as defined to the Scottish Widows Plan blicy number if known: e agree to accept the transfer as indicated to the scottish widows.	under Part 4 of the Finance Act 2004

Declaration of Claim Discharge Transfer

Plan Holder's Name	Mr S Howelis									
	-									
Pension Plan	3528684 1									
		•								
A: Transfer Instruction Complete this section in all cases.		,					,			
I elect to take the benefits as detaile number	ed on quotation	1					 			
If you choose to transfer to another Trustees / Administrators of the rece	approved pension preiving Scheme / Life	rovider plea Office to c	se com omplete	plete S Section	Section on C b	D ove elow.	erleaf a	and as	the	
B: Transfer Value Details as at 20.09.2013										
Total Amount of transfer value									£6679	9.22
The total amount of transfer value is not guaran payment are received at Scottish Widows head up so the final amount may be less than the amount	office (Please see policy pr	alue will norma rovisions for fu	ally be calc rther detai	culated o	n the day sember ti	y the fina nat unit v	i docum relues ca	ents requ in go dow	ired for n as well	as
C: Receiving Scheme/Life Office I To be completed by the Trustees/Administrators		Life Office.								
	e payment by cheque, plea		our compa	เก y name	and add	ress in t	he fields	s below.		
Name of Receiving Scheme/Life C)ffice [
Address of Receiving Scheme/Life Office's Bank										
	ļ.									
Post Code	t			-						
Account Name	[
Sort Code		Account N	lumber		i ;	1			1	1
Reference Number:		(If left blar	ık, polic	y numl	oer wil	l be qu	oted)			
The transfer will be paid to (please t	ick one box:									
A registered pension scheme as def Another Scottish Widows Plan	ined under Part 4 of	the Financ	e Act 2	004						
Policy number if known: We agree to accept the transfer as i	ndicated above									
CALL	1/2	•••]	210				T			-;
Signed: X	Culton Dal		<u> </u>	211	<u>+</u>					
Title/Designation (For the trustees/administrator	of the receiving acheme/life offi	ice)		L						
D: Signature Complete this section only if you have chosen to	transfer to another Approv	ed Pension P	ovider.							
I authorise the transfer to the Schem This authority will act as my discharg made.				me uno	der the	plan a	as soc	n as pa	ayment	is
Signed: X 1 1 br	na Dat	ta: 12	103	3) 11						<u> </u>