

Declaration of Claim Discharge

Transfer

Plan Holder's Name MR S DICKS

Pension Plan 3528679 1

A: Transfer Instruction

Complete this section in all cases.

I elect to take the benefits as detailed on quotation number

1									
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If you choose to transfer to another approved pension provider please complete Section D overleaf and ask the Trustees / Administrators of the receiving Scheme / Life Office to complete Section C below.

B: Transfer Value

Details as at 20.2.2014

Total Amount of transfer value

£60667.73

The total amount of transfer value is not guaranteed. The actual transfer value will normally be calculated on the day the final documents required for payment are received at Scottish Widows head office (Please see policy provisions for further details). Remember that unit values can go down as well as up so the final amount may be less than the amount quoted above.

C: Receiving Scheme/Life Office Details

To be completed by the Trustees/Administrators of the Receiving Scheme/Life Office.

Note: If you would rather receive payment by cheque, please complete your company name and address in the fields below.

Name of Receiving Scheme/Life Office

Address of Receiving Scheme/Life Office's Bank

Post Code

Account Name

Sort Code

Reference Number:

Account Number

(If left blank, policy number will be quoted)

The transfer will be paid to (please tick one box):


A registered pension scheme as defined under Part 4 of the Finance Act 2004

Another Scottish Widows Plan

Policy number if known:

We agree to accept the transfer as indicated above.

Signed:

X 

Date:

12/03/14

Title/Designation (For the trustees/administrator of the receiving scheme/life office)

D: Signature

Complete this section only if you have chosen to transfer to another Approved Pension Provider.

I authorise the transfer to the Scheme/Life Office as detailed above.

This authority will act as my discharge to you in respect of all sums due to me under the plan as soon as payment is made.

Signed:

X 

Date:

12/03/14

Declaration of Claim Discharge

Transfer

Plan Holder's Name Mr S Howells

Pension Plan 3528684 1

A: Transfer Instruction

Complete this section in all cases.

I elect to take the benefits as detailed on quotation number

1									
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If you choose to transfer to another approved pension provider please complete Section D overleaf and ask the Trustees / Administrators of the receiving Scheme / Life Office to complete Section C below.

B: Transfer Value

Details as at 20.09.2013

Total Amount of transfer value

£66799.22

The total amount of transfer value is not guaranteed. The actual transfer value will normally be calculated on the day the final documents required for payment are received at Scottish Widows head office (Please see policy provisions for further details). Remember that unit values can go down as well as up so the final amount may be less than the amount quoted above.

C: Receiving Scheme/Life Office Details

To be completed by the Trustees/Administrators of the Receiving Scheme/Life Office.

Note: If you would rather receive payment by cheque, please complete your company name and address in the fields below.

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Address of Receiving Scheme/Life Office's Bank

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Post Code

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Account Name

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Sort Code

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Account Number

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Reference Number:

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(If left blank, policy number will be quoted)

The transfer will be paid to (please tick one box:

A registered pension scheme as defined under Part 4 of the Finance Act 2004

☐

Another Scottish Widows Plan

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Policy number if known:

We agree to accept the transfer as indicated above.

Signed:

X 

Date:

12/03/14

Title/Designation (For the trustees/administrator of the receiving scheme/life office)

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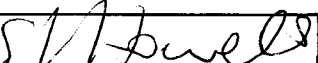
D: Signature

Complete this section only if you have chosen to transfer to another Approved Pension Provider.

I authorise the transfer to the Scheme/Life Office as detailed above.

This authority will act as my discharge to you in respect of all sums due to me under the plan as soon as payment is made.

Signed:

X 

Date:

12/03/14