

Pension Practitioner.com  
Daws House  
33-35 Daws Lane  
London  
NW7 4SD

**Re: Mr P T Dolan Retirement Benefit Scheme- Friends Life Account F46042/13327**

Dear Brad,

I enclose the signed Transfer Out Authority Form for the above scheme.

Yours sincerely,



Audley Wright

Friends Life Limited  
PO Box 1550, Milford, Salisbury, SP1 2TW  
Telephone 0845 6029221 Fax 0845 6000624

## Transfer Out Authority Form

### New Generation Personal Pension Plan [FOR POST OCT/2009 LEAVERS ONLY]

Details of member: Mr Paul Tiernan Dolan

Member reference: F46042/13327

National Insurance number:

Date of birth: 15/05/1964

This Transfer-Out Authority form should only be used in respect of a transfer to a UK registered pension scheme (this includes transfers to a deferred annuity contract, i.e.: 'Section 32 Buy-Out policy').

**Section 1 - Details about the new [receiving] scheme** [To be completed by the receiving scheme or insurance company or we can accept this information in the receiving scheme or insurance company's format]

A) Full name of receiving scheme [enter member's name where the transfer is to a deferred annuity contract]:  
PAUL TIERNAN DOLAN RETIREMENT  
SCHEME

The above pension scheme has been registered by HM Revenue & Customs, or has acquired registered status by virtue of being a deferred annuity contract or an approved pension scheme on 5 April 2006, under Chapter 2 Part 4 of the Finance Act 2004.

B) Is the registered pension scheme fully insured?

YES/NO

C) HMRC approval number of the receiving scheme: SF \_\_\_\_\_  
Or

HMRC Pension Scheme Tax Reference number: PSTR 00799554 RR

[Note: The above approval numbers are not required where the transfer is to a deferred annuity contract]

D) Is the registered pension scheme permitted to receive this transfer value, and will it meet the minimum acceptance requirements?

YES/NO

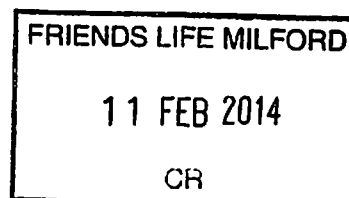
E) How is the transfer to be paid?  
[Please tick appropriate box]

☒ Electronic funds transfer  
[Please complete Section F]

☐ Cheque  
[Please complete Section G]



STAKEHOLD URGENT



FRIENDS LIFE MI. FORD  
11 FEB 68

F] Bank account number:

10079061

Account name:

PT DOLAN RETIREMENT BENEFIT SCHEME

Sort code:

12-20-26

Payment reference:

[If this is not provided we will send the payment quoting the member's name, NI No and your policy reference, if known]

G] Make the transfer value cheque

payable to: [See note below]

Address to send cheque to:

Reference / Contact Name:

#### Notes

Where the registered pension scheme is fully insured, Friends Life will only make payment to the receiving Insurance Company. If the scheme is not fully insured, payment will be made to the trustees.

We confirm that the details provided are correct and we are willing to accept the transfer.

Signature:

Date:

Print name:

Title:

#### Section 2 - Members Declaration [to be completed by the member or we may be able to accept the receiving scheme or insurance company's application form as member's authority]

I hereby instruct Friends Life to make the transfer payment detailed above and understand that continued membership of the scheme, or rejoining the scheme, is not permitted once the transfer has been made. As such I accept that no further contributions can be made and I confirm that the information given is correct. I understand that once I have transferred out of my current scheme, my membership of that scheme finishes and I will lose all benefits in that scheme, including any death benefits and dependants' pensions.

Member's signature:

Date:

10/2/2014

Print name:

PAUL DOLAN

Friends Life Limited  
PO Box 1550, Milford, Salisbury, SP1 2TW  
Telephone 0845 6029221 Fax 0845 6000624

### Transfer Out Authority Form

#### New Generation Personal Pension Plan [FOR POST OCT/2009 LEAVERS ONLY]

Details of member: Mr Paul Ticman Dolan

Member reference: F46042/13327

National Insurance number:

Date of birth: 15/05/1964

This Transfer-Out Authority form should only be used in respect of a transfer to a UK registered pension scheme [this includes transfers to a deferred annuity contract, i.e.: 'Section 32 Buy-Out policy'].

**Section 1 - Details about the new [receiving] scheme** [To be completed by the receiving scheme or insurance company or we can accept this information in the receiving scheme or insurance company's format]

A) Full name of receiving scheme [enter member's name where the transfer is to a deferred annuity contract]:

P T DOLAN RETIREMENT  
BENEFIT SCHEME

The above pension scheme has been registered by HM Revenue & Customs, or has acquired registered status by virtue of being a deferred annuity contract or an approved pension scheme on 5 April 2006, under Chapter 2 Part 4 of the Finance Act 2004.

B) Is the registered pension scheme fully insured?

YES/NO

C) HMRC approval number of the receiving scheme:

SF \_\_\_\_\_

Or

HMRC Pension Scheme Tax Reference number:

PSTR 00799557 RR

[Note: The above approval numbers are not required where the transfer is to a deferred annuity contract]

D) Is the registered pension scheme permitted to receive this transfer value, and will it meet the minimum acceptance requirements?

YES/NO

E) How is the transfer to be paid?  
[Please tick appropriate box]

☒

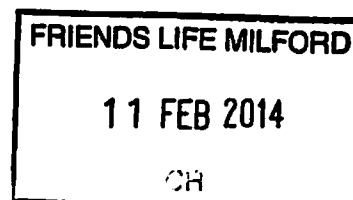
Electronic funds transfer  
[Please complete Section F]

☐

Cheque  
[Please complete Section G]



STAKEHOLD URGENT



F) Bank account number:

10079061

Account name:

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Sort code:

12-20-26

Payment reference:

[If this is not provided we will send the payment quoting the member's name, NI No and your policy reference, if known]

G) Make the transfer value cheque

payable to: (See note below)

Address to send cheque to:

Reference / Contact Name:

#### Notes

Where the registered pension scheme is fully insured, Friends Life will only make payment to the receiving Insurance Company. If the scheme is not fully insured, payment will be made to the trustees.

We confirm that the details provided are correct and we are willing to accept the transfer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

#### Section 2 - Members Declaration [to be completed by the member or we may be able to accept the receiving scheme or insurance company's application form as member's authority]

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Member's signature: Paul Dolan

Date: 10/2/2014

Print name: PAUL DOLAN