

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

Transfer Out Authority Form

Men	mber: Peter Geoffrey Baker	Member Reference: F69215/85								
Nati	ional Insurance Number: YM 969697A	Date of Birth: 8 November 1948								
This pensi	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).									
Sec To	tion 1 - Details about the new (receiving) be completed by the receiving scheme or ins	scheme. surance company								
A)	Full name of receiving scheme (enter mem	hber's name where the transfer is to a deferred annuity contract):								
statu	s by virtue of being a deferred annuity controler 2 Part 4 of the Finance Act 2004.	y HM Revenue & Customs (HMRC), or has acquired registered act or an approved pension scheme on 5 April 2006, under								
B)	Is the registered pension scheme fully insu	ured? Yes No V								
C)	HMRC approval number of the receiving or HMRC Pension Scheme Tax Reference no	umber: PSTR 00787896RQ								
	(Note: The above approval numbers are not required when 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?									
E)	How is the transfer to be paid? (Please tick the appropriate box)	Electronic funds transfer (Please complete Section F) Cheque (Please complete Section G)								
NGPOSOTS	Bank account number:	64760502								
	Account name:	PGB PENSION SCHEME								
	Sort code:	086068								

Member: Peter Geoffrey Baker National Insurance number: YM919697 A			Member reference: F69215/85 Date of birth: 8 November 1948				
F)	How is the transfer to be paid? (please tick appropriate box)		lectronic funds trar heque <i>(please com</i>			Section G)	
G)	Bank account number:	647	6050	2			
	Account name:		NSION SCHON	E			
	Sort code:	08 - 60	- 68				
H)	Make the transfer value cheque payable to: (see note below)				25		
	Address to send cheque to:	_			1		
		*					
		_					
	Reference / Contact name:					<u> </u>	
	N -3						
	Notes Where the registered pension is Insurance Company. If the sch	scheme is fully eme is not fully	insured, Friends w insured, payment	vill only make will be made	payment to the tru	to the receiving ustees.	
	Any Life Assurance Benefit will possible to continue Life Assurus.	I be stopped im ance Benefit a	nmediately that per nd if this is someth	nsion benefits iing you wish	are trans to consid	sferred. It may be er please contact	
	We confirm that the details pro		ect and we are willi	ng to accept t	he transf	er.	
	Signature:	seruth		Date	e:1º	1/11/2012	
	Print name: MARN	MISSPOT	Τ[Title	. AD	MINISTRATOR	
Sed	ction 2 - Member's Declar	ation (to be c	ompleted by the m	ember in all c	ases)		
mer l acc	reby instruct Friends to make the nbership of the scheme, or rejoir cept that no further contributions erstand that once I have transfer I lose all benefits in that scheme	ning the scheme can be made a red out of my o	e, is not permitted and I confirm that the current scheme, my	once the trans he information membership	sfer has l given is of that s	been made. As suc correct. I cheme finishes and	
	Y OR	Javar I		-	1-	5.11.12.	
viem	nber's signature:	em		D	ate:	v	
Drint	name: Penn lucific	Sparen Sparen					