

Scottish Widows LimitedPO Box 902
15 Dalkeith Road
Edinburgh
EH16 5BU

18 June 2020

Tel No: 0345 755 6557

Fax No: 0131 655 7004

Private & ConfidentialMr P Reynolds
71 Guest Avenue
Emersons Green
BRISTOL
BS16 7DA

Our Reference: 80564245

Dear Mr Reynolds

Policy Number: 80564245
Policyholder: Mr P Reynolds
Scheme Details: P000089807 - OPTIONS RESOURCING LTD
Policy Type: Group Personal Pension Plan

Please find enclosed the following information as requested.

- * A quotation of transfer value benefits
- * A declaration of claim discharge form

To take one of the transfer quotation options please follow the instructions given in the enclosures detailed above. Please note that any protection may be lost upon transfer.

If you're 50 or over you should also consider getting free and impartial guidance on your options by contacting Pension Wise at: <https://www.pensionwise.gov.uk/>

All valuations quoted are for information purposes only and cannot be guaranteed.

Declaration of Claim Discharge

Policy Number(s) : 80564245
Policyholder's Name : MR P REYNOLDS

A. Transfer Instructions

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

B. Transfer Value Details

Total amount of transfer value £608.01

The total amount of transfer value is not guaranteed. The actual transfer value paid will be calculated on the day after the final documents required for payments 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.

While contributions continue, we are unable to process your request to transfer your benefits. You must therefore confirm with your employer and advise us of the date your final contribution will be paid in order for this transfer to proceed.

____/____/____

C. Receiving Scheme/Life Office Details

Notes : a) if you would rather receive payment by cheque, please complete your company name and address in the fields below

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

Name of Receiving Scheme/Life Office..... Paul Reynolds SSAS

(The cheque will be made payable to this name) Please do not send a cheque and arrange a BACS payment instead

Address of Receiving scheme..... 1A Park Lane, Poynton, Cheshire

..... Post Code ..SK12 1RD

W0166.dot

Paul Reynolds SSAS
A/c Name.....A/c Number.....04919088.....Sort Code.....23-83-96.....

Reference to be Quoted..... Paul Reynolds SW Tranfer.....
(if blank National Insurance Number will be quoted)

The transfer value will be paid to:

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

☒

Please tick

If the transfer is going to a retirement benefits scheme or a statutory scheme,
please state the normal retirement age for the scheme.

Please provide your Pension Scheme Tax Reference.

20002799RB

We agree to accept the transfer as indicated above.

Signed Date 27/07/2020

Title/Designation Administrator
(for the Trustees/Administrators of the Receiving Scheme/Life Office)

D. Notes

- You may lose any protected tax free cash on transfer.
- If the scheme has applied to HMRC for a protected retirement age, this may be lost on transfer.

- If you have applied to HMRC for Enhanced Protection this may be lost on transfer.
- If you have applied to HMRC for a protected retirement age, this may be lost on transfer.

Should you have any queries relating to the above please seek financial advice.

E. Signature

Complete this section in all cases.

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

This authority will act as my discharge to Scottish Widows in respect of the amount requested to be transferred in section C as soon as the cheque is paid to the receiving Scheme/Life Office.

Signed Date

(Policyholder's signature)