

Mr M S J Lane 26a Whilestone Way Swindon SN3 4HS

Your reference

Our reference

CSCPC/MMB

Date

4 March 2014

Individual Retirement Plan Number(s): 7003869R-RPP

Dear Mr Lane

#### Zurich Assurance Ltd

Claims Service Centre The Grange Bishops Cleeve Cheltenham Gloucestershire GL52 8XX

Telephone: 08702 416974 We may record or monitor calls

Fax: 08702 434815

to improve our service

Zurich Assurance Ltd Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

Registered in England and Wales under company number 02456671 Registered Office: The Grange Bishops Cleeve, Cheltenham GL52 8XX

Thank you for your recent request.

I enclose a transfer claim form and all the plan information needed to transfer the existing pension benefits for investment with another pension provider.

The transfer pack is only designed to transfer benefits for investments with another provider. It's not designed to transfer benefits to another provider to exercise an Open Market Option (OMO) in order to take immediate retirement benefits. If you want to take immediate retirement benefits, please ask for a retirement pack to ensure compliance with the current legislation.

Please be aware that when you transfer money from one pension provider to another, there'll be a period of time when your funds are no longer invested. This is known as being 'out of the market'. When we pay your transfer value to your new provider, your money will be out of the market until they reinvest it in the funds you've chosen with them. Your new provider will simply reinvest the same amount of money we pay them. We're not able to say how long this period will be, but you should be aware that you'll not benefit from any gains if the market rises while you're out of it.

Other pension provider's application forms

It's not our policy to complete other providers' application forms. I've enclosed the transfer value, this will be updated and sent again when the benefits are transferred to the new pension provider.

Current payments into the plan

Regular payments shouldn't be cancelled until we've confirmed in writing that the benefits have been transferred to the new pension provider. This is because we must ensure that the last payment has been included in the transfer payment.



What we need to transfer the pension benefits

To transfer the pension benefits to another pension provider we need the enclosed transfer claim form to be fully completed, signed and returned to us at:

Claims Service Centre The Grange Bishops Cleeve Cheltenham Gloucestershire GL52 8XX

We'll return the form if it's not fully completed and signed when we receive it.

What we'll do when we receive all our requirements

We'll process the transfer when we receive the fully completed transfer claim form and any requirements. We'll then send the following to the new provider:

- the transfer payment
- the information needed to complete the transfer.

#### Other things you may need to consider

Bankruptcy

It's important to let us know if you've been declared bankrupt since taking out this pension plan, because we've a legal obligation to inform the Trustee in Bankruptcy/Official Receiver if you're taking your benefits. Please provide a copy of the bankruptcy order and let us know the full name, address and telephone number of the Trustee in Bankruptcy/Official Receiver if you've been declared bankrupt.

#### Divorce

You must let us know if this plan forms part of a divorce settlement, as if there's a Court Order in connection with such a settlement this will affect the pension benefits you're entitled to. This also applies where a Court Order is anticipated but hasn't come into effect. Where any payment of pension benefits is made other than in accordance with such an Order we may have to try and correct the position, so that the Order is complied with, by seeking to recover some or all of the money paid.

If you've any questions, please call us on 08702 416974, quoting your plan number(s) – we'll be happy to help.

Yours sincerely

Sam Campbell

Claims Service Centre

**Customer Operations** 

Copy to: Mr Jonathan Miller



#### Plan details

#### Planholder details

Name : Mr M S J Lane

Address : 26a Whilestone Way

Swindon SN3 4HS

Date of birth : 18 April 1969

National insurance number : NR837433C

#### Adviser details

Name : Mr Jonathan Miller

Adviser address : 3 The Long Yard

Ermin Street

Shefford Woodlands

Berkshire RG17 7EH

#### HM Revenue & Customs (HMRC) plan approval details

Zurich - HM Revenue & Customs (HMRC)

Registration number : 00605308RW

Zurich - ASCON number : A7001282T



Plan summary		
Plan type	:	This payment is made from a registered pension scheme approved under Chapter 2 Part 4 of the Finance Act 2004 (as amended).
Investment type	:	This plan is unit linked and therefore its value will depend on a combination of the payments made and the performance of the selected pension funds.
Can the plan be surrendered for cash?	ŧ	Under HMRC rules this pension plan can't be surrendered for cash.
Contracting out details	:	The planholder has never contracted out under this plan.
Guaranteed annuity rates	:	Guaranteed annuity rates don't apply to this type of plan.
Tax free cash	:	The tax free cash available will normally be up to 25% of the value of the fund.
Is this plan subject to Divorce proceedings?	i	Our records show that this plan isn't subject to the Matrimonial Causes Act 1973.



## Current value statement

## Value of the plan

#### Non-protected rights

Current transfer value

£21,010.56

#### Please note:

- The above figures are based on unit prices at 3 March 2014.
- The unit linked fund prices vary daily. These prices may go down as well as up.
- To change your choice of funds, please contact us for a fund switch form.



Personal pension plan - transfer claim form								
Please complete a transfer claim form for each plan to be transferred.								
Section 1: Planholder personal details								
Mr M S J Lane 26a Whilestone Way Swindon SN3 4HS	Plan number(s): 7003869RRPP							
Section 2: Details of benefits to be transferred								
Non-protected rights only								
Section 3: Details of receiving scheme - to be comp	leted by the receiving scheme							
Please note that, for the receiving scheme to accept member of the receiving scheme, with the transfer be scheme is the planholder's own plan.								
Please place a tick in the box next to the receiving s transferred.	cheme type to where the benefits are to be							
1: A pension scheme that was fully approved by the 6 April 2006 and became a registered pension sc under Chapter 2, Part 4 of the Finance Act 2004	heme on that date							
2: A registered pension scheme under Chapter 2, P Finance Act 2004, as amended	art 4 of the							
If the transfer includes former protected rights benef	its, please confirm below the type of receiving scheme							



Section 4: Receiving scheme approval/registration - to be com	pleted by the receiving scheme
Under what legislation is the receiving scheme approved?	
What is the HMRC Approval/Registration number?	
What is the appropriate scheme number (if applicable)	A
If the scheme doesn't have a HMRC Approval/Registration num	nber, please indiciate type of scheme
Section 5: Payment details - to be completed by the receiving s	scheme
Receiving Scheme Correspondence Address	
Name:	
Address:	
Postcode:	
Contact name:	
Name of receiving scheme	
Receiving scheme authorised signatory	Date
Print name	
For cheque payments	
Cheque payable to *:	
Reference:	
For BACS payments	
Account name*:	
Bank address:	
Sort code:	
Account number::	
Reference:	

<sup>\*</sup> This must be the provider/insurer of the receiving scheme or, if there's no provider/insurer, the Scheme Administrator (for example, Trustees). If payment is to be made to the Scheme Administrator, documentary evidence showing the Scheme Administrator's link with the receiving scheme must be provided, for instance, a copy of the scheme's letter of approval/registration.



Date: 8/4/14

## Section 6: Declaration - to be completed by the planholder

I understand that the final transfer value will be calculated on the next valuation date following receipt of all documentation and information required.

I accept that payment by Zurich, in accordance with this authority, shall constitute full satisfaction and discharge of all claims whatsoever, in law and in equity, and I undertake and agree to hold harmless and keep indemnified Zurich from and against all claims and demands of any person whatsoever by virtue of the said plan and all expenses arising there from.

I've not been made bankrupt since acquiring the plan.

Planholder's

Planholder's
Signature: ///

Name: MSJ Lane



0001647

28 February 2014

Our reference: EM\0022012222

Mr MS Lane 26a Whilestone Wy Swindon Wilts SN3 4HS

Policyholder(s): Mr Lane Policy number(s): AN4842R

Dear Mr Lane

Thank you for your recent enquiry concerning this policy. Please note that each policy listed above includes any endorsements that may have been issued since the policy was taken out.

The current fund value as at 28 February 2014 is £2,836.44.

The transfer value as at 28 February 2014 is £2,836.44.

The transfer value is the policy value after we have taken off any charges and penalties that may apply to your policy. You can refer to your policy documentation to find out more about what we apply.

The transfer value is not guaranteed and we will re-calculate it on receipt of all our requirements.

So we can transfer this policy we need the following:

- Transfer Payment Release Form completed and signed by both the Policyholder and an authorised signatory of the receiving scheme.
- The Original Policy Schedule.

In certain circumstances we may want some more information. If this is the case, we will contact you promptly with full details of what we need from you. However once we have everything we need, we will begin the transfer of this policy without delay. When calculating the transfer value of your fund, we will use the calculation price prevailing on the day following receipt of the fully completed Transfer Payment Release Form.

Please note, for us to transfer the policy, we need all of our transfer requirements to be with us within six months from the date the policyholder signs the Transfer Payment Release Form.

If you're unsure about what to do with your policy we would strongly recommend you seek advice from an Independent Financial Adviser (IFA). If you don't already have an IFA you can find advisers in your area at www.unbiased.co.uk.

ReAssure

Mailing

0000648

If you need any further information, then please contact us on 0800 073 1777 9am to 5pm, Monday to Friday not including bank holidays.

Yours sincerely

Emma Marchant Service First Telford

The following attachments are included:

**Combined Transfer Payment Form** 

Transfer warning insert for occupational and pension products



(#8873 H# NO

0000649

#### TRANSFER PAYMENT RELEASE FORM

#### NOTES TO HELP YOU WHEN COMPLETING THIS FORM

Notes applying to more than one section

This form should be completed when you have chosen to transfer your pension fund with us to another provider.

All pages of this form should be returned to us. Do not separate and send back only part of a form, as it will delay your request.

You may lose all or some of your benefits on transfer, for example:

- If your policy has a guaranteed annuity rate (GAR) this will be lost on transfer.
- If you are a member of an Executive Pension Scheme where you are entitled to more than 25% tax-free cash lump sum, this entitlement will be lost unless the transfer is a block transfer.
- If you were previously a member of an Occupational Pension Scheme and you are entitled to more than 25% tax-free cash lump sum, this entitlement may be lost on transfer.
- If you have rights in a Section 32 policy (This is where you transferred benefits from a
  previous employer's Occupational Scheme.), and after A-day wish to transfer those
  rights to another scheme.
- If your policy has a protected low pension age, because of the job you do, this will be lost unless the transfer is a **block transfer**.
- Where you have sought enhanced protection (or registered for Fixed Protection) for your pension savings, this will be lost unless it is a permitted transfer under HMRC rules.
- If your policy started on or before 10 December 2003 then you may have a right to retire
  between the ages of 50 and 75 (unless you have an earlier protected pension age). If
  you transfer out of this policy you will lose this right and after 6 April 2010 you will not be
  able to retire until age 55.

For more information about the terms in bold text above please refer to the member pages of the Registered Pension Schemes Manual (RPSM) http://www.hmrc.gov.uk/manuals/rpsmmanual.

We will pay the benefits from this policy to your selected receiving scheme provided both you and the receiving scheme administrator have completed this form accurately and given us all the necessary information.

You can find more about transfers on HM Revenue & Customs (HMRC) website, http://www.hmrc.gov.uk.

#### Section 1 - Information we already know

Read the information we have completed for you. If any of it is incorrect, please amend the form and sign by the side of the change.

#### Section 2 - Confirmation from you the policyholder

Read the declaration passages and sign in the space provided. We cannot continue with your transfer request without your signature.

#### Section 3 - For use by new scheme administrator only

This can only be completed by the Scheme Administrator of the pension provider to whom you want us to transfer your pension fund. Please ensure that they complete all sections and sign the declaration. DO NOT separate the form and return the separate parts as this will cause delays.

•



PLEASE RETURN ALL PAGES OF THIS FORM

Page 1 of 8

Policy Number(s): AN4842R

Policyholder(s): Mr Mark Simon Lane

# **Transfer Payment Release Form**

(to transfer your pension fund to another pension provider)

You may have an alternative to taking, or transferring the money from your pension, why not contact us on 0800 073 1777.

This form is important as it helps us to transfer your pension fund to the new Pension Provider correctly with the minimum of delay.

Part A: Your personal details	
Policy number	AN4842R
Name of policyholder	Mr Mark Simon Lane
Name of Member (if different than policyholder)	
Policyholder's/Member's National Insurance No.	NR837433C
Type of Scheme (Please write type of scheme here and complete the relevant section unless already completed for you)	Personal Pension Plan
Part B: Your type of UK registered pension scheme	
PERSONAL PENSION SCHEME	
Part C: Your Pension Value	
Monetary amount of split:	
Former Protected Rights	£207.43
Ordinary Rights (all policies except occupational schemes)	£2,629.01
Total amount to be transferred. *	£2,836.44
*The transfer value amount is not guaranteed ar after we receive this form from you, provided it is all the information we need.	



Mailing 0000651 PLEASE RETURN ALL PAGES OF THIS FORM

Page 3 of 8

Policy Number(s): AN4842R

Policyholder(s): Mr Mark Simon Lane

그리즘에 가는 그 그가 들어 작업생활이 작용한 강선성 하는 생활이 하는 상태를 받는다.	
Declaration made by you	
Please return your original policy documents with this form. If you please read the section below.	cannot find them then,
I have carried out a diligent search in all the places I would expect to also made enquiries of all people who may be able to give me whereabouts but I have had no success in locating the policies.	
If I find out where the policies are, I will inform you immediately. I wito you as soon as I find them.	ill also return the policies
I authorise payment of the Open Market Option/transfer value to details of which the receiving scheme administrator has completed payment of the transfer I discharge ReAssure Limited from any a policies numbered in Section 1, Part A.	in Section 3, Part A. On
Signature of Policyholder/Trustee	Date 8/4/14
Print Name MARK LANE	
If the policy is held under Trust then we need all the Trustees to sign	n below.
Signature of Trustee	Date
Print Name	
Signature of Trustee	Date
Print Name	· · · · · · · · · · · · · · · · · · ·
Signature of Trustee	Date
Print Name	
Signature of Trustee	Date
Print Name	
Where the member is NOT the policyholder, please sign below:	
Signature of member	Date
Print Name	

## PLEASE RETURN ALL PAGES OF THIS FORM

Page 4 of 8
Policy Number(s): AN4842R
Policyholder(s): Mr Mark Simon Lane

ें। इंग्	BUT A STORE WAS SOUTHER AREA ASSESSED AREA AND A PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T
Part	A: New scheme details
	Name of Pension Provider
	Name of Scheme
	Address of Scheme
	Postcode
	Company Telephone Number
	Reference, to be quoted in correspondence
Parl	B: Your type of pension scheme
(a)	A registered pension scheme governed and administered under UK Pension Law.  If the transfer includes GMP rights (see Section 1) and your scheme will retain these rights in GMP form please provide your contracted-out reference number(s) below:  SCON:  S  ECON needed if your scheme is a contracted-out final salary scheme
(b)	A qualifying recognised overseas pension scheme (QROPS).  Please provide your QROPS reference number as provided by HM Revenue & Customs below:  QROPS R O P S
	(For a definition of what this means you may wish to look at the information on HM Revenue & Customs website http://www.hmrc.gov.uk)  Please send us a copy of the QROPS acceptance letter issued by HMRC Audit & Pension Schemes Service (APSS).
(c)	HM Revenue & Customs reference (if applicable)
	Please record number here:



Mailing 0000652 PLEASE RETURN ALL PAGES OF THIS FORM

Page 5 of 8

Policy Number(s): AN4842R

Policyholder(s): Mr Mark Simon Lane

	· · · · · · · · · · · · · · · · · · ·										
Part C: Confirmation of payment details to a UK registered non-Occupational Pension Scheme; otherwise complete Part D											
Plea	Please make payment to the following:										
	Bank name: (e.g. HSBC)										•
	Address:									<u> </u>	
	Postcode:		<del></del>	-		,					
	Bank Sort Code:			-			-				
•	Bank Account Number:										
	Building Society Account Number:										
	Bank Account Holder's Name:							<u> </u>		<del></del>	
	Share Account Number:									_	
	t D: Confirmation of payment deta rseas scheme; otherwise complet			ccu	patio	nal P	ensid	on Sc	hem	e or a	iny
Plea	se make payment to the following:		<u> </u>	-				•	1		
,	Cheque Payee:		,			·		<u>-</u> -			
_	Address:		,-		•						
	Postcode:		<del> </del>								
	Payment Reference: (Must be quoted)		-								
Par	t E: Complete if the transfer paym	ent is	to b	e se	nt vi	a an I	ndep	ende	nt Br	oker	
The	Broker is co-ordinating the purchase	of ar	Оре	n M	arket	Annu	ity				
	The Broker is employed as a third party administrator of the receiving scheme and administers the Scheme's bank account										
	The Broker is employed as a third party administrator of the SIPP and administers the SIPP's bank account										

# PLEASE RETURN ALL PAGES OF THIS FORM Page 6 of 8 Policy Number(s): AN4842R Policyholder(s): Mr Mark Simon Lane

SERBELLY FOREST MARINES	इसीहास हो में मान इसे से जाता है। इसे सी सह है							
Part F: Complete if the transfer paym	nent is to be made payable to an Independen	t Broker						
The Broker is the appointed Scheme Administrator of the SIPP (Self-Invested Personal Pension)								
Part G: Declaration by receiving s	cheme administrator							
I/We declare that:								
Part H: Signature of receiving sch	eme administrator/scheme trustee							
Signature:	Print Name:							
Date:	Position:							
For and on behalf of								
(Trustees/Administrator of receiving	scheme)							

#### ReAssure

Mailing

0001728

28 February 2014

Our reference: EM\0022012212

Mr MS Lane 26a Whilestone Wy Swindon Wilts SN3 4HS

Policyholder(s): Mr Lane Policy number(s): AN4842R

Dear Mr Lane

Thank you for your recent enquiry concerning this policy. Please note that each policy listed above includes any endorsements that may have been issued since the policy was taken out.

The current fund value as at 28 February 2014 is £15,111.34.

The transfer value as at 28 February 2014 is £15,111.33.

The transfer value is the policy value after we have taken off any charges and penalties that may apply to your policy. You can refer to your policy documentation to find out more about what we apply.

The transfer value is not guaranteed and we will re-calculate it on receipt of all our requirements.

So we can transfer this policy we need the following:

- Transfer Payment Release Form completed and signed by both the Policyholder and an authorised signatory of the receiving scheme.
- The Original Policy Schedule.

In certain circumstances we may want some more information. If this is the case, we will contact you promptly with full details of what we need from you. However once we have everything we need, we will begin the transfer of this policy without delay. When calculating the transfer value of your fund, we will use the calculation price prevailing on the day following receipt of the fully completed Transfer Payment Release Form.

Please note, for us to transfer the policy, we need all of our transfer requirements to be with us within six months from the date the policyholder signs the Transfer Payment Release Form.

If you're unsure about what to do with your policy we would strongly recommend you seek advice from an Independent Financial Adviser (IFA). If you don't already have an IFA you can find advisers in your area at www.unbiased.co.uk.



If you need any further information, then please contact us on 0800 073 1777 9am to 5pm, Monday to Friday not including bank holidays.

Yours sincerely

Emma Marchant Service First Telford

1016-2-3740

The following attachments are included:

**Combined Transfer Payment Form** 

Transfer warning insert for occupational and pension products

#### ReAssure

Mailing

0000730

#### TRANSFER PAYMENT RELEASE FORM

#### NOTES TO HELP YOU WHEN COMPLETING THIS FORM

Notes applying to more than one section

This form should be completed when you have chosen to transfer your pension fund with us to another provider.

All pages of this form should be returned to us. Do not separate and send back only part of a form, as it will delay your request.

You may lose all or some of your benefits on transfer, for example:

- If your policy has a guaranteed annuity rate (GAR) this will be lost on transfer.
- If you are a member of an Executive Pension Scheme where you are entitled to more than 25% tax-free cash lump sum, this entitlement will be lost unless the transfer is a block transfer.
- If you were previously a member of an Occupational Pension Scheme and you are entitled to more than 25% tax-free cash lump sum, this entitlement may be lost on transfer.
- If you have rights in a Section 32 policy (This is where you transferred benefits from a previous employer's Occupational Scheme.), and after A-day wish to transfer those rights to another scheme.
- If your policy has a protected low pension age, because of the job you do, this will be lost unless the transfer is a **block transfer**.
- Where you have sought enhanced protection (or registered for Fixed Protection) for your pension savings, this will be lost unless it is a permitted transfer under HMRC rules.
- If your policy started on or before 10 December 2003 then you may have a right to retire between the ages of 50 and 75 (unless you have an earlier protected pension age). If you transfer out of this policy you will lose this right and after 6 April 2010 you will not be able to retire until age 55.

For more information about the terms in bold text above please refer to the member pages of the Registered Pension Schemes Manual (RPSM) http://www.hmrc.gov.uk/manuals/rpsmmanual.

We will pay the benefits from this policy to your selected receiving scheme provided both you and the receiving scheme administrator have completed this form accurately and given us all the necessary information.

You can find more about transfers on HM Revenue & Customs (HMRC) website, http://www.hmrc.gov.uk.

#### Section 1 - Information we already know

Read the information we have completed for you. If any of it is incorrect, please amend the form and sign by the side of the change.

#### Section 2 - Confirmation from you the policyholder

Read the declaration passages and sign in the space provided. We cannot continue with your transfer request without your signature.

#### Section 3 - For use by new scheme administrator only

This can only be completed by the Scheme Administrator of the pension provider to whom you want us to transfer your pension fund. Please ensure that they complete all sections and sign the declaration. **DO NOT separate the form and return the separate parts as this will cause delays.** 



0000731

PLEASE RETURN ALL PAGES OF THIS FORM

Page 1 of 8

Policy Number(s): AN4842R

Policyholder(s): Mr Mark Simon Lane

## **Transfer Payment Release Form**

(to transfer your pension fund to another pension provider)

You may have an alternative to taking, or transferring the money from your pension, why not contact us on 0800 073 1777.

This form is important as it helps us to transfer your pension fund to the new Pension Provider correctly with the minimum of delay.

	gi.
Part A: Your personal details	
Policy number	AN4842R
Name of policyholder	Mr Mark Simon Lane
Name of Member (if different than policyholder)	
Policyholder's/Member's National Insurance No.	NR837433C
Type of Scheme (Please write type of scheme here and complete the relevant section unless already completed for you)	Personal Pension Plan
Part B: Your type of UK registered pension scheme	
PERSONAL PENSION SCHEME	
Part C: Your Pension Value	
Monetary amount of split:	
Former Protected Rights	£15,111.33
Ordinary Rights (all policies except occupational schemes)	£0.00
Total amount to be transferred. *	£15,111.33
*The transfer value amount is not guaranteed an after we receive this form from you, provided it is all the information we need.	



PLEASE RETURN ALL PAGES OF THIS FORM

Page 3 of 8

Policy Number(s): AN4842R

Policyholder(s): Mr Mark Simon Lane

Declaration made by you	
Please return your original policy documents with this form. If you please read the section below.	cannot find them then,
I have carried out a diligent search in all the places I would expect to also made enquiries of all people who may be able to give me whereabouts but I have had no success in locating the policies.	o find the policies. I have information about their
If I find out where the policies are, I will inform you immediately. I w to you as soon as I find them.	ill also return the policies
I authorise payment of the Open Market Option/transfer value to details of which the receiving scheme administrator has completed payment of the transfer I discharge ReAssure Limited from any a policies numbered in Section 1, Part A.	in Section 3, Part A. On
Signature of Policyholder/Trustee  Print Name  MARK (A) =	Date 8/4/14
Print Name MARK LANE	
If the policy is held under Trust then we need all the Trustees to sign	n below.
Signature of Trustee	Date
Print Name	<u> </u>
Signature of Trustee	Date
Print Name	<del></del>
Signature of Trustee	Date
Print Name	
Signature of Trustee	Date
Print Name	I
Where the member is NOT the policyholder, please sign below:	
Signature of member	Date
Print Name	

## PLEASE RETURN ALL PAGES OF THIS FORM

Page 4 of 8
Policy Number(s): AN4842R
Policyholder(s): Mr Mark Simon Lane

가실:	भारतार्थे अमेड्ड प्रमुख्य केर्ने केंद्र अस्टिक रूप रहे हैं। यह अस्ति भारतार्थित कर्षित अमेडिक अस्ति हैं।
Part	A: New scheme details
	Name of Pension Provider
	Name of Scheme
	Address of Scheme
	Postcode
	Company Telephone Number
	Reference, to be quoted in correspondence
Part	B: Your type of pension scheme
(a)	A registered pension scheme governed and administered under UK Pension Law.  If the transfer includes GMP rights (see Section 1) and your scheme will retain these rights in GMP form please provide your contracted-out reference number(s) below:  SCON:  S  ECON needed if your scheme is a
	ECON reeded it your scriente is a contracted-out final salary scheme
(b)	A qualifying recognised overseas pension scheme (QROPS).  Please provide your QROPS reference number as provided by HM Revenue & Customs below:  Q R O P S
i i	(For a definition of what this means you may wish to look at the information on HM Revenue & Customs website http://www.hmrc.gov.uk)  Please send us a copy of the QROPS acceptance letter issued by HMRC Audit & Pension Schemes Service (APSS).
(c)	HM Revenue & Customs reference (if applicable)
	Please record number here:



0000733

PLEASÉ RETURN ALL PAGES OF THIS FORM

Page 5 of 8

Policy Number(s): AN4842R Policyholder(s): Mr Mark Simon Lane

Part C: Confirmation of payment details to a UK registered non-Occupational Pension Scheme; otherwise complete Part D											
Plea	Please make payment to the following:										
	Bank name: (e.g. HSBC)										
	Address:										
	Postcode:								<del>-</del>		
_	Bank Sort Code:			-			-				
	Bank Account Number:										
	Building Society Account Number:										
	Bank Account Holder's Name:			-	•			······		•	
	Share Account Number:						-				
	t D: Confirmation of payment deta rseas scheme; otherwise complet			Occu	patio	nal P	ensio	on Sc	chem	e or a	iny
Plea	se make payment to the following:										
	Cheque Payee:										
	Address:										
	Postcode:										
	Payment Reference: (Must be quoted)										
Par	t E: Complete if the transfer paym	ent i	s to I	oe se	nt vi	a an I	ndep	ende	ent Bı	roker	
The	Broker is co-ordinating the purchase	of a	n Op	en Ma	arket	Annu	ity		<u>.</u>		
	The Broker is employed as a third party administrator of the receiving scheme and administers the Scheme's bank account										
	The Broker is employed as a third party administrator of the SIPP and administers the SIPP's bank account										

## PLEASE RETURN ALL PAGES OF THIS FORM

Page 6 of 8
Policy Number(s): AN4842R
Policyholder(s): Mr Mark Simon Lane

र्वे अत्योक्ता ए प्रतिकार प्रवेश रित्र क्षेत्र तिस्तुत स्वर्धा स्थाप	, व्यक्षिके महत्रकार । विकास प्रतिकास विकास	
Part F: Complete if the transfer payment is to be made payable to an Independent Broker		
The Broker is the appointed Scheme Administrator of the SIPP (Self-Invested Personal Pension)		
Part G: Declaration by receiving scheme administrator		
I/We declare that:		
the receiving scheme is as specified in Section 3, Part B and that it is willing and able to receive the Open Market Option/transfer payment shown in Section 1, Part C (remembering that this value will be recalculated in line with the policy conditions) all information given in this section is true and complete.		
Part H: Signature of receiving scheme administrator/scheme trustee		
Signature:	Print Name:	
Date:	Position:	
For and on behalf of		
(Trustees/Administrator of receiving scheme)		