



Reference Number: 0057

Declaration of Discharge and Indemnity

Policyholder	SUSAN LUCY SINGLETON
ReAssure Policy Number(s)	U167557 UP2156585
New Pension Name and Provider	SINGLETON FAMILY SSAS

I have read ReAssure's letter to me about my transfer request to the above pension scheme. The letter identified amber warning flags about the transfer, and I still wish to proceed. I can confirm the following:

I have been instructed by ReAssure Limited/ReAssure Life Limited to take the pensions safeguarding guidance from MoneyHelper (provided through the Money and Pensions Service), as required by the Occupational & Personal Pension Schemes (Conditions for Transfers) Regulations when amber warning flags are identified with a pension transfer request.

Please tick the box next to option A or B to indicate your choice

A. I have taken the pension safeguarding guidance from MoneyHelper and I have enclosed the guidance summary as evidence of my appointment



Date of Guidance Appointment

11/4/23

Unique Reference Number

734041.

OR

B. I have not taken the pension safeguarding guidance from MoneyHelper

Failure or refusal to take the guidance when required to do so under the Occupational and Personal Pension Schemes (Conditions for Transfers) Regulations will mean that you will lose your statutory right to transfer and ReAssure **will not** process your transfer request.

I have been advised by ReAssure to obtain independent financial advice from a financial adviser authorised by the Financial Conduct Authority (the FCA).

Please tick the box next to option A or B to indicate your choice

A. I have obtained FCA regulated financial advice in relation to this transfer



Name of Financial Adviser	
FCA Firm Reference Number	
OR	
B. I have not obtained FCA regulated financial advice	✓

Please tick to confirm you have read and understood the following statements

I understand that, when accessing any of my pension funds, the maximum amount that can normally be paid tax free is 25%.	✓
I hereby indemnify ReAssure (as the administrator or trustee of the relevant transferring ReAssure pension scheme or arrangement), and/or Phoenix Group Holdings plc ('Phoenix Group') and any other subsidiaries of the Phoenix Group, in respect of any sanction charges that may be levied upon them in relation to this transfer.	✓
Once the transfer value has been paid to the Receiving Scheme/Administrator, my ReAssure pension will end.	✓
I hold ReAssure and/or the Phoenix Group harmless from and against all costs, losses or expenses resulting from my decision to proceed with my transfer request, unless such an event has arisen because of any fraud, negligence, or wrongful act by ReAssure.	✓
I confirm that any information provided about me by the Receiving Scheme, or my advisers has been verified by me as factual and correct and that ReAssure are in no way responsible for any quotation or any literature issued by the Receiving Scheme or my advisers.	✓
Policyholder Name	SUSAN LUCY SINGLETON
Policyholder Signature	
Date	27/11/23
Witness Name	Kathleen Henry
Witness Signature	K. Henry
Witness Address	479 WHIRLOWDALE RD WHIRLOW SHEFFIELD S11 9NH.

Witnesses should be independent, and cannot be your Spouse or Civil Partner, any member of your family, or anyone living at your address.