



ReAssure

Mailing

0000226



Please return all pages of this form

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Policy number: UP2156585

Policyholder: Mrs Susan Singleton

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.

Section 1 - Information we already know

Part A: Your personal details

1. Policyholder:	Mrs Susan Lucy Singleton
2. Policy number:	UP2156585
3. Policyholder's/Member's national insurance no:	WK 99 01 46 D
4. Type of scheme	

Part B: Your type of UK registered pension scheme

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Part C: Current value details

Total amount to be transferred.*	£58,495.84
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Notes:

The current value is calculated as at 16 May 2022

The current value is not guaranteed and we will re-calculate it on the day after we receive all the documents we've requested.

This current value includes £12,003.97 representing Former Protected Rights.

ReAssure Ltd, Registered Office: Windsor House, Telford Centre, Telford, Shropshire, TF3 4NB
Registered in England No. 754167

Tel: 0800 073 1777 Fax: 0808 168 3331 Website: www.reassure.co.uk

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Firm reference number 110495. Member of the Association of British Insurers.

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Policy number: UP2156585

Policyholder: Mrs Susan Singleton

Section 2 - Confirmation from you the policyholder

Declaration made by you

If you were given a policy document when you took out this pension you'll need to return this with this form. If you cannot find them then, please read the section below.

I have carried out a diligent search in all the places I would expect to find the policies. I have also made enquiries of all people who may be able to give me information about their 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 will also return the documents to you as soon as I find them.

I authorise payment of the current value to the receiving scheme, details of which the receiving scheme administrator has completed in Section 3, Part A. On payment of the transfer I discharge ReAssure Limited from any and all liability under the policies numbered in Section 1, Part A.

Signature of Policyholder
/Trustee:



Date:

31/7/23

Print Name:

SUSAN LUCY SINGLETON

Where the member is NOT the policyholder, please sign below:

Signature of member:

Date:

Print Name: