

ReAssure

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Page 1 of 7

Policy Number(s): A00821212

Policyholder(s): Mr P M. Davey

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	A00821212
Name of policyholder	Mr P M. Davey
Name of Member (if different than policyholder)	
Policyholder's/Member's National Insurance No.	NP809345B
Type of Scheme (Please write type of scheme here and complete the relevant section unless already completed for you)	Free-Standing AVC

Part B: Your type of UK registered pension scheme

FREE-STANDING AVC

Part C: Your Pension Value

Monetary amount of split:	
Former Protected Rights	£0.00
Ordinary Rights (all policies except occupational schemes)	£1,500.33
Total amount to be transferred. *	£1,500.33

*The transfer value amount is not guaranteed and we will re-calculate it on the day after we receive this form from you, provided it is completed accurately and we have all the information we need.

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

Tel. 0800 073 1777 Fax: 0870 709 1111 Email: customers@reassure.co.uk www.reassure.co.uk
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Page 1 of 2

Policy Number: A0001212
Policyholder: Mr P M. Davey

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 075 1777.

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

Part of your personal details	
Policy number	A0001212
Name of policyholder	Mr P M. Davey
Name of member (if different from policyholder)	
Product/Investment or National Insurance No.	NP00000000
Type of Scheme (Please write type of scheme and complete the relevant section unless already completed for a new transfer)	Free-Standing AVC
Part of your pension details	
Monetary amount of cash	£1,000.00
Former Pension Rights	£1,000.00
Current Rights (all policies except occupational schemes)	£1,000.00
Total amount to be transferred	£1,000.00

The transfer value shown is not guaranteed and we will calculate it on the day after we receive this form from your provider. It is completed accurately and we have all the information we need.

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Page 2 of 7

Policy Number(s): A00821212

Policyholder(s): Mr P M. Davey

Declaration made by you

Please return your original policy documents 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 policies to you as soon as I find them.

I authorise payment of the Open Market Option/transfer 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

13/4/15

Print Name

PAUL MICHAEL DAVEY.

If the policy is held under Trust then we need all the Trustees to sign 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

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Page 2 of 7

Policy Number(s): A00021212

Policyholder(s): Mr P.M. Conway

Declaration made by you

Please return your original policy documents with this form. If you cannot find them then please send it a 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 policies to you as soon as I find them.

I authorise payment of the Open Market Option Transfer value to the receiving scheme, of which the receiving scheme administrator has completed a Section 2, 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

Print Name

If the policy is held under Trust then we need all the Trustees to sign 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

ReAssure and Financial Guarantees Limited, House of Lords, 10 Downing Street, London, SW1A 2AA. Registered in England No. 1041101.

Yes, I am the policyholder and I have authorised the transfer of the policy to the receiving scheme. I have also authorised the transfer of the policy to the receiving scheme. I have also authorised the transfer of the policy to the receiving scheme. I have also authorised the transfer of the policy to the receiving scheme.

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PLEASE RETURN ALL PAGES OF THIS FORM

Page 3 of 7

Policy Number(s): A00821212

Policyholder(s): Mr P M. Davey

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: E

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:

Q 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:

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(c) A similar recording was made on 10/10/50 (GPOF2)

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(b) (5) ACP, 26 CFR 1.101-1(a)(2)(ii).

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the situation.

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(b)(7) - Exempt from automatic declassification

(continued on inside back cover)

*Total 76 Unique Products (43849)

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CONCLUSIONS OF THE NATIONAL BUREAU OF STANDARDS
AND IS NOT INTENDED TO BE USED IN LEGAL PROCEEDINGS

ReAssure

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Policy Number(s): A00821212

Policyholder(s): Mr P M. Davey

Part C: Confirmation of payment details to a UK registered non-Occupational Pension Scheme; otherwise complete Part D

Please make payment to the following:

Bank name: (e.g. HSBC)

Address:

Postcode:

Bank Sort Code:

Bank Account Number:

Building Society Account Number:

Bank Account Holder's Name:

Share Account Number:

Part D: Confirmation of payment details to an Occupational Pension Scheme or any overseas scheme; otherwise complete Part C

Please make payment to the following:

Cheque Payee:

Address:

Postcode:

Payment Reference:
(Must be quoted)

Part E: Complete if the transfer payment is to be sent via an Independent Broker

The Broker is co-ordinating the purchase of an Open Market Annuity

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

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Policy Number(s): 10088212

Policyholder(s): Mr. P. M. Davis

Part C: Confirmation of payment details in a UK registered non-Occupational Pension Scheme; otherwise complete Part D

Please make payment to the following:

Bank name: (e.g. HSBC)

Address:

Postcode:

Bank Sort Code:

Bank Account Number:

Building Society Account Number:

Bank Account Holder's Name:

Officer Account Number:

Part D: Confirmation of payment details to a non-Occupational Pension Scheme; otherwise complete Part C

Please make payment to the following:

Scheme Name:

Address:

Postcode:

Payment Reference:

(Must be quoted)

Part E: Complete if the transfer payment is to be sent via an Independent Broker

The Broker is co-ordinating the purchase of an Open Market Annuity

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 SIP's and administers the SIP's bank account

Re-Awarded to: Registered Office: Windsor House, Victoria Square, Glasgow, G1 2 2L

Registered in England No. 141157

Tel: 0200 070 1771 Email: enquiries@www.fairfax.com

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Page 5 of 7

Policy Number(s): A00821212

Policyholder(s): Mr P M. Davey

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)

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