



ReAssure

Mailing

0000387



Please return all pages of this form
Page 1 of 4
Policy number: UP3043101
Policyholder: Mr Jonathan Muttiallu

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:	Mr Jonathan Sunil Kumar Muttiallu
2. Policy number:	UP3043101
3. Policyholder's/Member's national insurance no:	
4. Type of scheme	

Part B: Your type of UK registered pension scheme

Personal pension plan

Part C: Current value details

Total amount to be transferred.*

£13,314.12

Notes:

The current value is calculated as at 19 November 2020

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

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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: 07/02/21

Print Name:

J. Muttiallu

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

Signature of member:

Date:

Print Name:



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Section 3 - For use by the new scheme administrator only

Part A: New scheme details	
1. Name of Pension Provider:	
2. Name of Scheme:	
3. Address of Scheme:	
Postcode:	
Company Telephone Number:	
4. Reference, to be quoted in correspondence:	
5. Pension Schemes Tax Reference (PSTR) Or, pre-2006 SF reference if no PSTR available	

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

Bank name: (e.g. HSBC)	
Address:	
Postcode:	
Bank sort code:	- -
Bank account number:	
Building society account number:	
Account holder's name:	
Share account number:	
Payment reference: (must be quoted):	

Part C: Confirmation of payment details to an Occupational Pension Scheme; otherwise complete Part B

Cheque payee:	
Address:	
Postcode:	
Payment reference: (Must be quoted)	

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Section 3 - For use by the new scheme administrator only (continued)

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

The Broker is employed as a third party administrator of the receiving scheme and administers the scheme's bank account

The receiving scheme is a Self-Invested Personal Pension (SIPP) and the Broker is employed as a third party administrator of the SIPP and administers the SIPP's bank account

Part E: 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 F: Declaration by receiving scheme administrator

I/We declare that:

- the receiving scheme is a registered pension scheme governed and administered under UK Pension Law.
- the receiving scheme is as specified in Section 3, Part B and that it is willing and able to receive the current value shown in Section 1, Part C (remembering that this value will be recalculated in line with the policy conditions)
- the transfer payment will be applied to provide benefits under the receiving scheme in accordance with the applicable requirements of the Pensions Schemes Act 1993 and Finance Act 2004 amended as appropriate.
- all information given in this section is true and complete.

Part G: Signatures of receiving scheme administrator/scheme trustee

Signature	Print name:
Date:	Position:
For and on behalf of	

(Trustees/Administrator of receiving scheme)