

Please return all pages of this form
 Page 1 of 4 – **to be completed by the customer and adviser**
 Policy number:
 Policyholder:

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 name:	JONATHAN MUTTIALLU
2. Policy number:	UP 3043511
3. Policyholder's/Member's national insurance no:	NZ 54 97 27 D
4. Type of scheme	Personal Pension
5. Daytime telephone number	07444 225 721
Part B: Your type of UK registered pension	
Personal pension plan	
Part C: Current value details	
Total amount to be transferred.* (please see 'Current Value' in the full policy details request we've sent to your adviser)	£ 33,000.00

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Please return all pages of this form

Page 2 of 4 – **to be completed by the customer only**

Policy number:

Policyholder:

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 from any and all liability under the policies numbered in Section 1, Part A.

Signature of Policyholder
/Trustee: _____

Date: 20/08/21

Print Name: _____

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

Signature of member: _____ Date: _____

Print Name: _____

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 Email: customers@reassure.co.uk www.reassure.co.uk
ReAssure Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm reference number 110495. Member of the Association of British Insurers.

Please return all pages of this form
 Page 3 of 4 – **to be completed by the receiving scheme**
 Policy number:
 Policyholder:

Section 3 – For use by the new scheme administrator only

Part A: New scheme details

1. Name of Pension Provider:	RC ADMINISTRATION LTD
2. Name of Scheme:	JNZ LTD PENSION SCHEME
3. Address of Scheme:	101 DEVONSHIRE HOUSE WADE ROAD BASINGSTOKE
Postcode:	RG24 8PE
Company Telephone Number:	0330 311 0839
4. Reference, to be quoted in correspondence:	JNZ LTD PENSION
5. Pension Schemes Tax Reference (PSTR) Or, pre-2006 SF reference if no PSTR available	20003419 RK

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

Bank name: (e.g. HSBC)	ALLIED IRISH BANK
Address:	VANTAGE POINT, HARDMAN STREET MANCHESTER
Postcode:	M3 3PL
Bank sort code:	23-83-96
Bank account number:	04919088
Building society account number:	
Account holder's name:	JNZ LIMITED PENSION SCHEME
Share account number:	
Payment reference: (must be quoted):	JNZ LIMITED PENSION

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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 Page 4 of 4 – **to be completed by the receiving scheme**
 Policy number:
 Policyholder:

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	<input type="checkbox"/>
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	<input type="checkbox"/>

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)	<input type="checkbox"/>

Part F: Declaration by receiving scheme administrator
<p>I/We declare that:</p> <ul style="list-style-type: none"> • 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)