Issue Date: 18/02/2022

## **Section One**

## TRANSFER DISCHARGE FORM

The policyholder must fill in this section to authorise us to transfer the value of their pension. Please use CAPITAL LETTERS. If you're unsure about anything, please call 0345 605 7777.

## 1. Personal Information

Policyholder Name	Policy Number		
Mark Phipps	8773137		
Address			
35 SCHOFIELDS WAY,	BLOXHAM		
Town/City	Postcode		
BANBURY	OXIS 4NP		

#### 2. Policy Details

This policy is an Appropriate Personal Pension registered with HM Revenue & Customs in accordance with the Finance Act 2004.

**Total Transfer Value** 

£7,299.80		

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#### 3. Customer's Declaration

I authorise you to transfer the value of my Royal London policy numbered above to the Receiving Scheme/Provider detailed below:

**Receiving Scheme Name** 



The transfer value we pay the Receiving Scheme may be higher or lower than shown above.

If we receive the completed Transfer Discharge Form after 20/03/2022 the actual transfer value payable to the receiving scheme/provider will be re-calculated in accordance with the terms and conditions of the relevant policy

Once we've paid the transfer value to the receiving scheme/provider, your Royal London policy referred to above will end.

Date

D 2 8 M O 2 Y 2 O 2 2

**Print Name** 

MARK PHIPPS

Signature

You must now forward this form to the Receiving Scheme/Provider so that they can fill in Section Two.

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## **Section Two**

# RECEIVING SCHEME DETAILS AND DECLARATION

The scheme receiving the transfer must fill in this section. Please use CAPITAL LETTERS.

. Receiving Scheme Details			
Full Scheme Name			
PSTR Reference Number			
Address			
Town/City	I	Postcode	
2. Registration Details  We confirm that the above scheme is registered us is a (please tick one only):	nder Chapter 2 of Part	t 4 of the Finance Act 2004. The receiving sch	ieme
a) Registered defined benefit occupational pensi	on scheme.		
b) Registered defined contribution occupational	pension scheme.		
c) An Insured individual personal pension schen	ne.		
d) Qualifying recognised overseas pension schen	ne (QROPS).*		
*If the receiving scheme is a QROPS, we'll require complete before the transfer can proceed.	additional informatio	on and will issue you with separate forms to	
Please supply QROPS Number:			

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3. Payment Method				
Please tick one option only:				
Option 1 - Cheque	Option 2 - Direct Credit			
If you have selected Direct Credit, please	provide the relevant account details below.			
Account Name				
Account Number				
Sort code				
Please note we can't pay Direct Credit payments into:  • A Foreign bank account  • Post office accounts  • A Building Society account  4. Receiving Scheme declaration  a) We declare that the information we've given above is true and correct.  b) We confirm that we will apply the transfer value to provide pension benefits consistent with and approved by HM Revenue & Customs.  Date  Date				
<b>Authorised Signatory</b>	Company Stamp*			
Print Name				
Position				
Signature				

 $<sup>^*</sup>$ Please note that if you do not have a company stamp we request that you return this form with a covering letter on company headed paper for validation.