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

Mark Phipps

Policy Number

8864013

Address

35 SCHOFIELDS WAY, BLOXHAM

Town/City

BANBURY

Postcode

OX15 4NP

2. Policy Details

This policy is a Free Standing Additional Voluntary Contribution (FSAVC) policy registered with HM Revenue & Customs in accordance with the Finance Act 2004.

Total Transfer Value

£3,864.60

The transfer value shown assumes you have made all payments into your policy up to and including 15/01/1999. Unless this policy has previously been made paid up, any contributions that you are currently paying into this policy will continue to be collected. Should you not wish to continue contributing then please contact us and if applicable cancel your payment instruction.

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

HARLAND & PHIPPS

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 0 2 Y 2 0 2 2

Print Name

MARK PHIPPS

Signature

MP

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

Section Two

RECEIVING SCHEME DETAILS AND DECLARATION

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

1.   **Receiving Scheme Details**

Full Scheme Name

PSTR Reference Number

Address

Town/City   **Postcode**

2.   **Registration Details**

We confirm that the above scheme is registered under Chapter 2 of Part 4 of the Finance Act 2004. The receiving scheme is a (please tick one only):

a) Registered defined benefit occupational pension scheme.

b) Registered defined contribution occupational pension scheme.

c) An Insured individual personal pension scheme.

d) Qualifying recognised overseas pension scheme (QROPS).*

*If the receiving scheme is a QROPS, we'll require additional information and will issue you with separate forms to complete before the transfer can proceed.

Please supply QROPS Number:

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

D ☐☐ M ☐☐ Y ☐☐☐☐

Authorised Signatory

Print Name

Position

Signature

Company Stamp*

***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.**