

Transfer Authority Request

(Not valid for Individual Personal Pensions or overseas transfers) Our reference: 100298761 To: the Wesleyan Assurance Society Estimated Value: £15,155.43 * P9115297 Policy Number: *The above values are not guaranteed and if the policy is unit-linked the value may change on a daily basis depending on the fund you are invested in. I authorise and request the Wesleyan Assurance Society (herein called "the Society") to transfer pension rights to: DSI LTD TRADING SSAS (receiving scheme) for the sum of the transfer value which shall represent in full the accrued rights under the above numbered Pension Policy(ies). Declaration: I confirm that where the original policy schedule has not been enclosed this is because it has been lost, mislaid or destroyed and that exhaustive searches have failed to find it, I therefore commit to return it to you immediately if at any time it should come to my possession after the date below. In the absence of the policy schedule and in consideration of the Wesleyan Assurance Society making payment in accordance with the claim, I hereby indemnify the Wesleyan Assurance Society against all actions, losses, expenses and demands whatsoever in respect of any subsequent proven claims against the policy. I understand that on full payment of this claim, no further benefits will be payable, discharging all liability on the Society under the said policy. I believe the transfer of benefits from the Wesleyan is in my best interest and that of my dependants. I understand that the claim will be processed unless there is a variance of more than 10% in the value of my fund, but if such a variance occurs I will be contacted for further instructions. Policyholder: Date: Signed: Ashworth Place Post Code: This form must be signed and the original returned directly to the Society.



Transfer Authority Request

(Not valid for Individual Personal Pensions or overseas transfers) Our reference: 100247339 To: the Wesleyan Assurance Society Estimated Value: £14,227.39 * P9115350 Policy Number: *The above values are not guaranteed and if the policy is unit-linked the value may change on a daily basis depending on the fund you are invested in. I authorise and request the Wesleyan Assurance Society (herein called "the Society") to transfer pension rights to: DRI LTD TRADING SCAS (receiving scheme) for the sum of the transfer value which shall represent in full the accrued rights under the above numbered Pension Policy. I confirm that where the original policy schedule has not been enclosed this is because Declaration: it has been lost, mislaid or destroyed and that exhaustive searches have failed to find it, I therefore commit to return it to you immediately if at any time it should come to my possession after the date below. In the absence of the policy schedule and in consideration of the Wesleyan Assurance Society making payment in accordance with the claim, I hereby indemnify the Wesleyan Assurance Society against all actions, losses, expenses and demands whatsoever in respect of any subsequent proven claims against the policy. I understand that on full payment of this claim, no further benefits will be payable, discharging all liability on the Society under the said policy. I believe the transfer of benefits from the Wesleyan is in my best interest and that of my dependants. I understand that the claim will be processed unless there is a variance of more than 10% in the value of my fund, but if such a variance occurs I will be contacted for further instructions. Policyholder: Signed: 12 ASHWORTH PLACE, CHURCH LANGLEY Address: Post Code: CMI7 9PU This form must be signed and the original returned directly to the Society.