



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	
<b>Part A: Your personal details</b>	
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	
<b>Total amount to be transferred.*</b> (please see 'Current Value' in the full policy details request we've sent to your adviser)	£ 33,000.00

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](mailto:customers@reassure.co.uk) [www.reassure.co.uk](http://www.reassure.co.uk)  
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Page 2 of 4 – **to be completed by the customer only**  
Policy number:  
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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 from any and all liability under the policies numbered in Section 1, Part A.

Signature of Policyholder  
/Trustee: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Signature of member: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_





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	
<b>Part A: New scheme details</b>	
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:	04 91 90 88
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)	



Please return all pages of this form  
 Page 4 of 4 – **to be completed by the receiving scheme**  
 Policy number:  
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<b>Section 3 – For use by the new scheme administrator only (continued)</b>	
<b>Part D: Complete if the transfer payment is to be sent via an Independent Broker</b>	
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"/>
<b>Part E: Complete if the transfer payment is to be made payable to an Independent Broker</b>	
The Broker is the appointed Scheme Administrator of the SIPP (Self-Invested Personal Pension)	<input type="checkbox"/>
<b>Part F: Declaration by receiving scheme administrator</b>	
I/We declare that:	
<ul style="list-style-type: none"> <li>the receiving scheme is a registered pension scheme governed and administered under UK Pension Law.</li> <li>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)</li> <li>the transfer payment will be applied to provide benefits under the receiving scheme in accordance with the <b>applicable</b> requirements of the Pensions Schemes Act 1993 and Finance Act 2004 amended as appropriate.</li> <li>all information given in this section is true and complete.</li> </ul>	
<b>Part G: Signatures of receiving scheme administrator/scheme trustee</b>	
Signature	Print name:
Date:	Position:
For and on behalf of	
(Trustees/Administrator of receiving scheme)	