

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	HARMAN AND THE THE STATE OF A STATE		
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 scheme administrator has completed in Section 3, Part A. On pa discharge ReAssure from any and all liability under the policies receiving scheme.	lyment of the transfer I
Signature of Policyholder /Trustee:	Date: 20/08/21
musice.	Date: 20/00/01
Print Name: JONATHAN MUTTIAI	LIU
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 admini	strator 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 BASING STOKE	
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 paymen Scheme; otherwise complete Pa	details to a UK registered non-Occupational Pension
Bank name: (e.g. HSBC)	ALLIED IRISH BANK
Address:	VANTAGE POINT, MARDMAN STREET
Postcode:	MANCHESTER M3 3 PL
Bank sort code:	23-83-96
Bank account number:	04919088
Building society account number:	111039
Account holder's name:	TND
Share account number:	JNZ LIMITED PENSION SCHEME
Payment reference: (must be quoted):	JNZ LIMITED PENSION

Part C: Confirmation of payment detail complete Part B	Is to an Occupational Pension Scheme; otherwise
Cheque payee:	N/A
Address:	
Postcode:	
Payment reference: (Must be quoted)	

ReAssure Ltd, Registered Office: Windsor House, Telford Centre, Telford, Shropshire, TF3 4NB
Registered in England No. 754167

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Please return all pages of this form
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 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 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) Part F: Declaration by receiving scheme administrator I/We declare that: • 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: CSTMER SACMAN Position: SCHEME ADMINISTRATER For and on behalf of RC ADMINISTRATER For and on behalf of RC ADMINISTRATER For and on behalf of RC ADMINISTRATER	Policyholder:		-
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Signature Print name: ESTMER SALMON Date: 40/2022 Position: SCHEME ADMINISTRATOR For and on behalf of RC ADMIN ISTRATION CTD	 I/We declare that: 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. 		
Signature Print name: ESTMER SALMON Date: 40/2022 Position: SCHEME ADMINISTRATOR For and on behalf of RC ADMIN ISTRATION CTD	Part G: Signatures of receiving scheme adminis	strator/scheme trustee	
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