

## Transfer authority form

**Your Personal Details:**

Title: **Miss.**  
First Name: **Nicola**  
Middle Names: **Kate**  
Surname: **Harrington**  
NIN Number: **JR 46 07 94 C**  
DOB: **12-01-1982**

Home address: **30 Broad Road,  
Sale, Manchester,  
M33 2BN**

Telephone number: **07971183165**

Details of the pension policy you wish to transfer  
I wish to transfer the following pension policy to:

Receiving scheme name: **Sixteen Retail SSAS**  
Receiving scheme PSTR number: **20008729RW**

Name and address of the transferring provider: **Quilter  
PO BOX 10994  
Wigston  
LE18 9JB**

Policy number of the pension you wish to transfer: **AC2122661-002 X**

Reference number (if applicable): **N/A**

How do wish for the policy to be transferred:

In Cash	<input checked="" type="checkbox"/>
In-specie	<input type="checkbox"/>

**Declaration**

I write to confirm that I wish to transfer my pension policy into a new scheme.  
I hereby authorise RC Administration Ltd of 1A Park Lane, Poynton, Cheshire, SK12 1RD to  
access necessary information relating to my pension policy until further notice. I instruct you  
to provide them with any information they might require to carry out the transfer.

Signature of the policy holder:



Full Name: **Nicola Kate Harrington**

Date: **27-02-24**