Mrs Victoria Davey

3 Manor Gardens Rodbourne Green Swindon Wiltshire SN2 2ND

BP Pension Administration Team Chertsey Road Sunbury on Thames Middlesex TW16 7LN

Date: 08/04/2015

Dear Sir/Madam

Reference: Policy Number/s 0114355

N.I Number - JR 85 33 10 C

Please take this letter as a request to obtain the transfer value of my fund and transfer documentation, to be provided to my IFA, JAN Investment Marketing, 105 Victoria Road, Swindon, Wiltshire, SN1 3BD, FCA number 402391.

Thank you for your assistance.

Yours sincerely,

VICTORIA DAVEY

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PLEASE RETURN ALL PAGES OF THIS FORM

Page 5 of 7

Policy Number(s): A00821212 Policyholder(s): Mr P M. Davey

Part F: 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 G: Declaration by receiving scheme administrator

I/We declare that:

the receiving scheme is as specified in Section 3, Part B and that it is willing and able to receive the Open Market Option/transfer payment shown in Section 1, Part C (remembering that this value will be recalculated in line with the policy conditions)

all information given in this section is true and complete.

Part H: Signature of receiving so	cheme administrator/sch	eme trustee
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Signature:

Print Name:

Date:

Position:

For and on behalf of

(Trustees/Administrator of receiving scheme)

PLEASE RETURN ALL PAGES OF THIS FORM

Page 1 of 7

Policy Number(s): A00821212 Policyholder(s): Mr P M. Davey

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.

This form is important as it helps us to transfer your pension fund to the new Pension Provider correctly with the minimum of delay.

Part A: Your personal details	
Policy number	A00821212
Name of policyholder	Mr P M. Davey
Name of Member (if different than policyholder)	
Policyholder's/Member's National Insurance No.	NP809345B
Type of Scheme (Please write type of scheme here and complete the relevant section unless already completed for you)	Free-Standing AVC
Part B: Your type of UK registered pension scheme	
FREE-STANDING AVC	
Part C: Your Pension Value	
Monetary amount of split:	
Former Protected Rights	£0.00
Ordinary Rights (all policies except occupational schemes)	£1,500.33
Total amount to be transferred. *	£1,500.33
*The transfer value amount is not guaranteed as after we receive this form from you, provided it is all the information we need.	nd we will re-calculate it on the day s completed accurately and we have

PLEASE RETURN ALL PAGES OF THIS FORM

Page 2 of 7

Policy Number(s): A00821212 Policyholder(s): Mr P M. Davey

Declaration	made	by	you
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Please return your original policy documents 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 policies to you as soon as I find them.

I authorise payment of the Open Market Option/transfer 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 Limited from any and all liability under the policies numbered in Section 1, Part A.

5

Date

policies numbered in Section 1, Part A. Signature of Policyholder/Trustee	Date 13	5/4/1
Print Name Paul Michael Davey		-, ,
If the policy is held under Trust then we need all the Trustees to sign	below.	
Signature of Trustee	Date	
Print Name		
Signature of Trustee	Date	
Print Name		
Signature of Trustee	Date	
Print Name		
Signature of Trustee	Date	
Print Name		

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

Signature of member

Print Name

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

Tel 0800 073 1777 Fax: 0870 709 1111 Email: customers@reassure.co.uk www.reassure.co.uk

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	y Number(s): A00821212 yholder(s): Mr P M. Davey
Dart	A: New scheme details
	Name of Pension Provider
	Name of Scheme
٠	Address of Scheme
	Postcode :
-	Company Telephone Number
	Reference, to be quoted in correspondence
Part	B: Your type of pension scheme
(a)	A registered pension scheme governed and administered under UK Pension Law. If the transfer includes GMP rights (see Section 1) and your scheme will retain these rights in GMP form please provide your contracted-out reference number(s) below: SCON: S
	ECON: E ECON needed if your scheme is a contracted-out final salary scheme
(b)	A qualifying recognised overseas pension scheme (QROPS). Please provide your QROPS reference number as provided by HM Revenue & Customs below:
	QROPS
	(For a definition of what this means you may wish to look at the information on HM Revenue & Customs website http://www.hmrc.gov.uk) Please send us a copy of the QROPS acceptance letter issued by HMRC Audit & Pension Schemes Service (APSS).
(c)	HM Revenue & Customs reference (if applicable)
	Please record number here:

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Policy Number(s): A00821212 Policyholder(s): Mr P M. Davey

			·			
Part C: Confirmation of payment d Scheme; otherwise complete Part		UK regis	stered (non-Occ	upation	al Pension
Please make payment to the following	g:					
Bank name: (e.g. HSBC)						
Address:	•					
Postcode:	•			;		
Bank Sort Code:	,	-	•	-	•	
Bank Account Number:	, .	. ,	•		•	
Building Society Account Numb	er:	· •	•		•	
Bank Account Holder's Name:	•		•			
Share Account Number:	•					
Part D: Confirmation of payment of overseas scheme; otherwise com	plete Part	n Occup C	eationa	l Pensio	n Schem	e or any
Cheque Payee:	•					
Address:	•					
Postcode:	i					
Payment Reference: (Must be quoted)						
Part E: Complete if the transfer pa	ayment is	to be sei	nt via a	n Indep	endent E	Broker
The Broker is co-ordinating the purc	hase of an	Open Ma	arket Ar	nuity		
The Broker is employed as a third pa and administers the Scheme's bank	arty admini account	strator of	the rec	eiving so	cheme	
The Broker is employed as a third padministers the SIPP's bank account	arty admini It	strator of	the SIF	PP and		

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all information given in this section is true and complete.

Part H	Signature of	receiving	scheme	administr	rator/so	cheme	trustee
--------	--------------	-----------	--------	-----------	----------	-------	---------

Signature:

Print Name:

Date:

Position:

For and on behalf of

(Trustees/Administrator of receiving scheme)