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## **Transfer Out Questionnaire**

(To be completed by the receiving scheme)

NAME	OF	MEM	BER:

Mr Patrick Stevens

NI Number:

SJ625249B

NAME OF RECEIVING SCHEME: WINTERTHUR PENSION SCHEME

TYPE OF ARRANGEMENT

\* delete as applicable

- \* Contracted-in / out salary related
- \* Contracted-in money purchase (SSAS)
- \* Personal pension plan/stakeholder pension plan
- \* Section 32 buy-out policy

PENSION SCHEME TAX REFERENCE . O. 935666 RG	
ASCON N/A	
SCON NA	
IF DECEMBED SOUTH IS A CONTRACTOR OF THE PARTY OF THE PAR	

IF RECEIVING SCHEME IS A CONTRACTED OUT OCCUPATIONAL SCHEME, DATE CONTRACTED OUT

EMPLOYMENT COMMENCED N/A

PLEASE PROVIDE YOUR BANK ACCOUNT DETAILS FOR PAYMENT TO BE MADE BY CHAPS:



BANK NAME:	AIB (ALLIED IRISH BANK)
BANK ADDRESS:	ST. JAMES HOUSE, CHARLOTTE STREET, LANCASHIRE MI 4D2
SORT CODE;	23-83-96
ACCOUNT NUMBER:	04919088
ACCOUNT NAME:	WINTERTHUR PENSION SCHEME
PAYMENT REFERENCE:	WINTERTHUR PSTEVENSFIDECTH

ADDRESS FOR ALL CORRESPONDENCE	GISTERED SCHEME ADMINISTRATOR (T)
VANCAUER HOUSE, 111 HAGLEY	ROAD, EDGBASTON, BIRMINGHAM BIG 86B
SIGNATURE	NAME MERLE OPER



For and on behalf of REGISTERED SCHEME ADMINISTRATOR CTD
POSITION IN COMPANY SCHEME ADMINISTRATOR DATE 19/06/2018

If a transfer of benefits is to proceed, please also arrange for the member to complete the enclosed discharge form.

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