Issue Date: 28/02/2022

Section One

TRANSFER DISCHARGE FORM

The policyholder must fill in this section to authorise us to transfer the value of their pension. Please use CAPITAL LETTERS. If you're unsure about anything, please call 0345 605 7777.

1. Personal Information

Policyholder Name	Policy Number	
Elaine Phipps	8898516	
Address		
35 SCHOFIELDS WA	ty, BloxHAM	
Town/City	Postcode	
BANBURY	OXIS 4NP	

2. Policy Details

This policy is a Personal Pension registered with HM Revenue & Customs in accordance with the Finance Act 2004.

Total Transfer Value

£24,226.4	o	
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The transfer value shown assumes you have made all payments into your policy up to and including 15/03/2008. Unless this policy has previously been made paid up, any contributions that you are currently paying into this policy will continue to be collected. Should you not wish to continue contributing then please contact us and if applicable cancel your payment instruction.

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3. Customer's Declaration

I authorise you to transfer the value of my Royal London policy numbered above to the Receiving Scheme/Provider detailed below:

Receiving Scheme Name



The transfer value we pay the Receiving Scheme may be higher or lower than shown above.

If we receive the completed Transfer Discharge Form after 30/03/2022 the actual transfer value payable to the receiving scheme/provider will be re-calculated in accordance with the terms and conditions of the relevant policy

Once we've paid the transfer value to the receiving scheme/provider, your Royal London policy referred to above will end.

Date

D 2 8 M 0 2 Y 20 22

Print Name

ELAINE PHIPPS

Signature

You must now forward this form to the Receiving Scheme/Provider so that they can fill in Section Two.

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Section Two

RECEIVING SCHEME DETAILS AND DECLARATION

The scheme receiving the transfer must fill in this section. Please use CAPITAL LETTERS.

1. <u>Receiving Scheme Details</u>		
Full Scheme Name		
PSTR Reference Number		
Address		
Town/City		Postcode
	J	
- D		
2. Registration Details We confirm that the above as bounding it was in a sixty of the confirmation of the	1 01	
is a (please tick one only):	ider Chapter 2 of Pa	rt 4 of the Finance Act 2004. The receiving scheme
 a) Registered defined benefit occupational pension 	n scheme.	
b) Registered defined contribution occupational p	ension scheme.	
c) An Insured individual personal pension scheme	e.	
d) Qualifying recognised overseas pension scheme	e (QROPS).*	
*If the receiving scheme is a QROPS, we'll require a complete before the transfer can proceed.	additional informati	on and will issue you with separate forms to
Please supply QROPS Number:		

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3. Payment Method	
Please tick one option only:	
Option 1 - Cheque	Option 2 - Direct Credit
If you have selected Direct Credit, please provide	the relevant account details below.
Account Name	
Account Number	
Sort code	
 Please note we can't pay Direct Credit payments in A Foreign bank account Post office accounts A Building Society account 4. Receiving Scheme declaration a) We declare that the information we've given an account when the information we've given a sevenue & Customs. Date	
D M Y	
Authorised Signatory	Company Stamp*
Print Name Position	
Signature	

^{*}Please note that if you do not have a company stamp we request that you return this form with a covering letter on company headed paper for validation.