



Open Market Option Request

To be completed by the Scheme Member / Policyholder

Section 1. Transferring Scheme or Policy details

Name of Transferring Scheme / Policy:			
Policy / Ref Number(s):			
Estimated Amount of Transfer Value:	£		
Administrator's Name:			
Address:			
Town:		County:	
Country:		Postcode:	
Telephone Number:			
Contact Name:			
Section 2. F	Policyholder / S	cheme Me	ember
Date of Birth:	Day Month Year National Insurance Number:		
Would you like to transfer any assets of the transferring scheme to your annuity in specie?			
(If yes, please provide details of the assets to be transferred in specie).			
I wish to exercise the open market option and request that the value of my benefits be used to purchase a Flexible Pension Annuity from London & Colonial Assurance PCC Plc.			
Option Request Form		Assurance PCC Plc o	an(s) as listed on this Open Market and to provide any instructions and/
	npliance with this request shall r your Registered Pension Sch		plete discharge of your liabilities to
Signature:			Date: Day Month Year





Postal Address: London & Colonial Assurance PCC Plc

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Gibraltar Company Registration Number: 8065

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