

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. Policyholder / Scheme Member

Full Name:			
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?

Yes

No

(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.

I authorise and instruct you to transfer sums and assets from the Plan(s) as listed on this Open Market Option Request Form directly to London & Colonial Assurance PCC Plc and to provide any instructions and/or discharge required by any relevant third party to do so.

I agree that your compliance with this request shall be a full and complete discharge of your liabilities to provide benefits under your Registered Pension Scheme.

Signature:

Date:

Day	Month	Year
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