

## Multi-Platform Open Annuity - Form B Open Market Option Request

To be completed by the Scheme Member / Policyholder

1) Transferring Scheme or Policy details	
Name of transferring Scheme / Policy	
Policy / Ref number(s)	
Estimated amount of transfer value	£
Administrator's name	
Address line one	
Address line two	
Town	
County	
County / Postcode	
Telephone number	
Contact name	
2) Policyholder / Scheme Member	
Full name	
Policy Number	
Date of Birth	D D M M Y Y Y
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	
Multi-Platform Open Annuity from London & Colonial Assurance PLC.	
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.	
Signed	
Date	D D M M Y Y Y

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