



# 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	<input type="text"/>
Policy / Ref number(s)	<input type="text"/>
Estimated amount of transfer value	£ <input type="text"/>
Administrator's name	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
County / Postcode	<input type="text"/> <input type="text"/>
Telephone number	<input type="text"/>
Contact name	<input type="text"/>

### 2) Policyholder / Scheme Member

Full name	<input type="text"/>
Policy Number	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Would you like to transfer any assets of the transferring scheme to your annuity in specie?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<i>(*If yes, please provide details of the assets to be transferred in specie.)</i>	

*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