

TRANSFER OUT REQUEST

SECTION A

To be completed by the annuitant.

| | |
|---|----------------------|
| Policy Number: | <input type="text"/> |
| Full Name: | <input type="text"/> |
| Address: | <input type="text"/> |
| Postcode: | <input type="text"/> |
| Name and address of annuity provider from which annuity is to be purchased: | <input type="text"/> |
| Postcode: | <input type="text"/> |

I hereby request that London & Colonial Assurance PCC Plc make the payment to the annuity provider as set out in this request. I agree that your compliance with this request shall be a complete discharge of your liability to provide benefits of any kind in respect of the policy identified above.

| | | | | | |
|---------|----------------------|-------|----------------------|----------------------|----------------------|
| Signed: | <input type="text"/> | Date: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---------|----------------------|-------|----------------------|----------------------|----------------------|

SECTION B

To be completed by the annuity provider.

Please complete all parts of this section to help us to process the payment without delay.

To: London & Colonial Assurance PCC Plc
Rockwood House, 9-17 Perrymount Road, Haywards Heath, West Sussex, RH16 3TW
T: +44 (0)203 640 6843
E: ReviewTeam@londoncolonial.com

| | |
|---------------------------|----------------------|
| Name of applicant: | <input type="text"/> |
| Name of annuity provider: | <input type="text"/> |



PART OF



LONDON & COLONIAL ASSURANCE PCC PLC
ROCKWOOD HOUSE
9-17 PERRYMOUNT ROAD
HAYWARDS HEATH
WEST SUSSEX, RH16 3TW
T: 0044 (0)2036 406843

WWW.LONDONCOLONIAL.COM
REVIEWTEAM@LONDONCOLONIAL.COM

Gibraltar company registration number: 80650
London & Colonial Assurance PCC Plc is a Gibraltar registered company, and is incorporated under the Gibraltar Insurance Companies Act as a Protected Cell Company. London & Colonial Assurance PCC Plc is licensed and regulated by the Gibraltar Financial Services Commission. Registered office: Montagu Pavilion, 8-10 Queensway, Gibraltar, GX1 1AA

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We confirm that the applicant overleaf has applied to purchase a lifetime annuity from the company shown overleaf and we are willing to accept the annuity purchase premium.

DETAILS FOR PAYMENT

Please make payment to the following bank account:

| | | | |
|------------------------|----------------------|-----------------|----------------------|
| Bank account name: | <input type="text"/> | | |
| Bank Address: | <input type="text"/> | | |
| Postcode: | <input type="text"/> | Account number: | <input type="text"/> |
| Reference for payment: | <input type="text"/> | Sort Code: | <input type="text"/> |

| | | | | | |
|--|----------------------|-------|----------------------|----------------------|----------------------|
| Signed: (on behalf of the annuity provider) | <input type="text"/> | Date: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name / Position: | <input type="text"/> | | | | |



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