

4. AUTHORITY TO PROVIDE RECEIVING SCHEME WITH INFORMATION

I authorise LFS to release all necessary information to the receiving scheme detailed in section 3 to enable the transfer of funds to the scheme. Yes

5. AUTHORITY TO TRANSFER FUNDS

I authorise LFS to transfer the funds from my LF Stakeholder Pension Plan detailed in section 2 to the receiving scheme detailed in section 3 on receipt of all required documentation. Yes

6. FUND VALUE

I understand that the fund value transferred to the receiving scheme detailed in section 3 will be determined by the fund prices on the day LFS receive all the requirements to fulfil my transfer request. This may be less than the fund value stated on the date that this transfer and discharge form was issued to me. Yes

7. DISCHARGE

I understand that the payment made to the receiving scheme detailed in section 3 will represent all of the funds under my Plan and that this payment will discharge LFS of all claims and responsibilities under the LF Stakeholder Pension Scheme. Yes

8. CUSTOMER SIGNATURE & CONFIRMATION

Print full name (in **BLOCK CAPITALS**)

Position

Signature

Date

I confirm that the information given is correct. I understand that once I transfer out of the LF Stakeholder Pension Scheme, my membership of this scheme finishes and I will lose all benefits in this scheme.

Confirming your identity

To protect you and us from financial crime, we may need to confirm your identity from time to time. Please refer to the accompanying Verification list which details the forms of documentation we require, and who can certify your documentation. Please send us two forms of documentation, one from List A and one from List B. This documentation must be a certified copy or an original.

Once completed, please return to:

LFS
PO Box 1249
Cheltenham
GL50 9YL.