

Discharge Authority



ONLY use this form if you do not already have forms from your existing pension scheme provider.

If there is more than one fund involved in this annuity purchase, please complete a separate Discharge Authority for each fund – even if the provider is the same.

DETAILS OF YOUR EXISTING PENSION SCHEME

Your name	Your date of birth
Your national insurance number	
Provider or insurer name	
Scheme name	
Policy or member reference	
Address of pension provider	
Amount of pension fund to be transferred to Hodge Lifetime for the purchase of your annuity	£

I authorise Hodge Lifetime to forward this form to the pension provider shown above, by way of requesting the payment of my pension fund shown above to be used for the purchase of my annuity based on my accepted quote. I confirm and agree that:

- I have received, read and understood Hodge Lifetime's Quote, Key Features and Cancellation Form for this annuity
- My pension fund value may be higher or lower at the time of its payment/transfer
- I cannot cancel my annuity once the purchase is complete and the cancellation period has expired.

POLICY HOLDER TO SIGN

Applicant's
Signature

Date

NOW - Please return this whole form together with your application and supporting documents to your financial adviser. They will check the paperwork before forwarding everything on to us. Thank you.

HOW TO GET IN TOUCH

If you are unsure about anything or have any questions, please contact Hodge Lifetime.

Email: annuityadmin@hodgelifetime.com

Tel: 0845 1212 515

Fax: 01293 604 174

Address: Hodge Lifetime, Annuity Administration Centre, Sutherland House
Russell Way, West Sussex, RH10 1UH

