

## Form of Discharge and Indemnity

Please read the sections carefully before completing them and use BLOCK CAPITALS. If any section is blank or illegible, this may result in a delay in processing your request. We recommend that you seek advice from your financial adviser before completing the form and choosing your options. Please print and sign this form and do not return it until all information is available. Please note that the surrender value of your benefits will be the next available value after all of the required completed and any applicable documentation has been received by KBC Life and Pensions. We may require additional documents from you in order to complete your transfer request.

### Section 1: Personal Details

Name: \_\_\_\_\_

Date of Birth:   /   /

PPS Number: \_\_\_\_\_

Policy Number(s):

### Section 2: Transfer Out Options

I hereby confirm that I have been advised of and understand all the rights and options available to me under my PRSA policy(ies). I hereby request KBC Life and Pensions to transfer the cash value of my accrued PRSA benefits to:

PRSA with another provider

Occupational Pension Scheme

Overseas Pension Arrangement

Name and address of provider: \_\_\_\_\_

Advisor name and email address: \_\_\_\_\_

Name of scheme: \_\_\_\_\_

Type of pension: \_\_\_\_\_

Policy \Reference number: \_\_\_\_\_

### Section 3: Declaration and authorisation

I understand and agree that:

1. The details I have provided to KBC Life and Pensions as part of this request are correct;
2. KBC Life and Pensions will confirm to me once my transfer request has been completed; and
3. Effective from the date my transfer is completed, my policy with KBC Life and Pensions will cease, I will no longer be entitled to any benefits under this PRSA and that I release KBC Life and Pensions from all and any liability in respect of any benefits thereunder..

I hereby authorise KBC Life and Pensions to provide information on my PRSA benefits with KBC Life and Pensions to (insert name of receiving provider / financial advisor) \_\_\_\_\_ and to obtain relevant information from (insert name of receiving provider / financial advisor) \_\_\_\_\_ to facilitate the transfer.

Signed: \_\_\_\_\_

Date: □□/□□/□□□□

Phone No: \_\_\_\_\_

**Please return this form to:** KBC Life and Pensions, Sandwith Street, Dublin 2 Or send by email to [kbclifeandpensionstransfers@kbc.ie](mailto:kbclifeandpensionstransfers@kbc.ie)