

Date	7th February 2012	Our Ref	Louise Cottam
FAO Brad Pension Practitioner Daws House 33-35 Daws Lane London NW7 4SD		HW Financial Services Ltd 120-124 Towngate Leyland Preston PR25 2LQ FSA No. 134190	
Department:		Your Ref	
Client Name	David Smith		
Policy No	SCC807093		
DOB			
Enclosed:		Required	
	Letter of authority	x	Acknowledgement
	Anti Money Laundering Documents		Investment Schedule
	Application Form		Policy Documents
	DDM		Commission
	Top Up Application		Confirmation of:
	Investment Managers Agreement		Terms
	Surrender Form to fully encash the bond		
	Original Plan documents		
x	Partial surrender form		

FURTHER REQUIREMENTS

Please find attached the SIPP Centres partial surrender form, I would be grateful if you would complete and forward directly to The SIPP Centre for processing.

Please could you confirm when this has been actioned.

Kind regards

Louise Cottam

120-124 Towngate, Leyland, Preston PR25 2LQ

Telephone: 01772 458800 **Fax:** 01772 622935 **Email:** louise.cottam@hwfs.co.uk

Authorised and regulated by The Financial Services Authority
Registered Office : 6 Chesterfield Gardens, London, W1J 5BQ Registered in England & Wales, company no. 2030706

**SIPPDEAL E-SIPP
PARTIAL TRANSFER DISCHARGE FORM**

Arrangement: Sippcentre SIPP
Member: David Smith
Account Number: SCC807093

PART A – to be completed by the Member

I hereby request you to transfer a specified amount of £ 15,000.00 of the benefits to which I am entitled under the arrangement specified above, and pay that specified amount to the Scheme stated in Part B of this form.

I declare that I am legally entitled to the benefits in question, which the arrangement secures. I agree that payment by you in accordance with these instructions will fully discharge A J Bell Management Limited and Sippdeal Trustees Limited from liability to provide benefits for me from that specified amount under the above arrangement, and I indemnify you against all claims or proceedings made against you in respect of the benefits to be transferred, and against all resulting losses and expenses, which you may incur.

Signed by the member in his/her capacity as member to the arrangement:



Dated 6/2/12

PART B – to be completed by the receiving Scheme:

I/We agree to accept the transfer payment and confirm the receiving scheme is a registered pension scheme under Finance Act 2004.

Full Name of Scheme 1850 PENSION SCHEME

HMRC Pension
Scheme Tax
Reference

00766479 RP

Scheme
Administrator's Name:

PENSION PRACTITIONER . COM

Address:

DAWS HOUSE
33-35 DAWS LANE
LONDON NW7 4SD

Is the scheme contracted out? ☐ Yes ☒ No

If Yes, please ensure the relevant section is completed on the next page

David Smith - SCC807093

The transfer payment will be paid directly to the Scheme Administrator's bank (please note that it is not possible to issue a cheque):

Bank Name: INVESTEC SPECIALIST PRIVATE BANK
Account Name: 1850 PENSION SCHEME
Account Number: 48577001
Sort Code: 08-60-68
The reference to be quoted DAVID SMITH TRANSFER

If the client has requested an in-specie transfer, can you please complete the following: -

Stockbroker Details

Name of Stockbroker: N/A
Address:

Telephone Number:

To be completed if transfer contains protected rights

Does the transfer satisfy the conditions contained in The Protected Rights (Transfer Payment) Regulations 1996, as amended by The Protected Rights (Transfer Payment) (Amendment) Regulations 2005? ☐ Yes ☒ No

Scheme's contracted-out number ASCN
SCON
ECON

If the receiving scheme is an occupational scheme
Will the member be in contracted-out employment with scheme? ☐ Yes ☒ No

Date on which member joined the scheme
Revaluation rate, if applicable

Signed: Georgina Shuliglowa Dated 15 February 2012
(On behalf of the Receiving Scheme)
Position: Administrator
Company: Pension Practitioner. Com