SIPPDEAL E-SIPP TRANSFER DISCHARGE FORM

Arrangement	AJ Bell I	nvestcentre SIPP	do		
Member	Thomas Fleming				
Account Number:	SCC8527	736			
To be completed by	the Membe	r (Please complete a	Il parts)		
Reason for transferring? (Please select all that apply)		Cost Preferred provider Consolidation Greater flexibility Service Other (please special	(y) Pre	ande finde to	
Did you receive advice	in relation	this transfer? Yes ((please circle)		
If yes, from whom did y receive advice? (Please insert details)	rou	Name Address			
		Telephone number			
I hereby request you to entitled under the arra scheme stated below. I declare that I am legal agree that payment by Management Limited a under the above arrang against you in respect expenses, which you must be confirm that neither my as a result of this trans	cash transfired working dacharge) and day payment additional of transfer the payment of transfer the payment of the beneary incur.	IN-SP	e transfer payment above from the ay the transfer stion, which the instructions will om liability to plainst all claims and against all the me will be in the other than a	by BACS transfer benefits to which I am value to the receiving arrangement secures. fully discharge A J Bell provide benefits for me or proceedings made all resulting losses and	
lump sum benefits, payer Signed by the member in	acie to me i	no earlier than from a	ga 55.		
	K		Dated		

Arrangement: Member: Account Number:					
We agree to accept the receiving scheme is a regis	transfer payn stered pension	nent from the above arrang scheme under Finance Act	gement and confirm the 2004.		
Full name of receiving 1850		PENSION SCHE	nE		
HMRC pension scheme tax reference	0076	6479RP			
Scheme administrator's name:	PENSION	U PRACTITIONER.	con		
Address:	DAWS H	ouse			
	33-35 DAWS LANE				
	LONDON	U. NW7 45D			
Telephone number	0800 6	34 4862			
Type of scheme (please select)	Occupational Scheme / SSAS Occupational Scheme / non SSAS SIPP / Personal Pension Other (please state)				
Please complete this secti	on if type of S	Scheme is an Occupational	Scheme		
Pensions regulator reference number		12004499	Contente		
Sponsoring employer(s) name(s)		EIGHTEENFIFTY I	NUESTMENTS		
Company number(s)		07574658			
Company registered ad		CO 2ND FLOOR 16 KINGSWAY ALTRINCHAM, CH WAIY 1PJ			
Employer relationship w		DIRECTOR			
Is the member also a Ti (If yes, please provide a deed of appointment)	copy of the	YES			
What is the name of the investment service prov Scheme?	ider for the	TILNEY INVESTO	NENT MANAGEMENT		
FCA number for regulat investment service prov above	ed ider named	124255			
Please complete this section	n if type of Se	cheme is a Personal Pensi	on, SIPP or Other		
Scheme operators name	9				
Operators address					
FCA number					

To be completed by the receiving scheme

Scheme administrator bank details

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

For security purposes we may call to confirm the bank account details:

Bank name:	CO-OPERATIVE BANK				
Account name:	1850 PENSION SCHEME				
Account number:	50096873				
Sort code:	08 - 90 - 00				
The reference to be quoted	T. FLEMING				
If the client has requested	d an in-specie transfer, can you please complete the following: -				
Stockbroker Details					
Name of stockbroker					
Address:					
Telephone number:					
Account no / Reference					
Signed: ESYS	Daled Sol - 12016				
Authorised signatory of the					
Position: ADMINIS	TRATOR				