

Date	23 March 2016	Our Ref	Laura M Surtees
Brad Davies Pension Practitioner.Com Daws House 33-35 Daws Lane London NW7 4SD		Tilney Bestinvest Financial Planning (National) Northern Assurance Buildings 9/21 Princess Street Manchester M2 4DN Tel: 0161 832 6413 FCA No: 134190	
Department:		Your Ref	
Client Name	David Smith		
Plan No	1850 SSAS		
Enclosed:		Required	
	Anti Money Laundering Documents	X	Acknowledgement
	Application Form		Investment Schedule
	DDM / Cheque		Policy Documents
	Top Up Application		Commission
	Investment Managers Agreement	X	Confirmation of discharge form back to A J Bell
	Surrender Form to fully encash the bond		Terms
	Original Plan documents		
X	A J Bell transfer discharge form		

I look forward to your acknowledgement of this request, should you require any further information please contact me on 0161 832 6413 or via email: nwsupport@tilneybestinvest.co.uk

Kind regards



**SIPPDEAL E-SIPP
TRANSFER DISCHARGE FORM**

Arrangement: AJ Bell Investcentre SIPP

Member: David Smith

Account Number: SCC807093

To be completed by the Member (Please complete all parts)

Reason for transferring?
(Please select all that apply)

Cost	
Preferred provider	
Consolidation	
Greater flexibility	
Service	
Other (please specify)	<input checked="" type="checkbox"/> TRANSFER TO SSAY TO PROVIDE FUNDS FOR LOAN BACK

Did you receive advice in relation this transfer? Yes ☒ No (please circle)

If yes, from whom did you
receive advice?
(Please insert details)

Name
Address
Telephone number

How do you wish to transfer your assets? CASH ONLY ☒

IN-SPECIE ☐

Amount of transfer? All of my fund ☐ or amount £ 70,000

Method of payment for cash transfer:

BACS - 3 to 5 working days
(No additional charge) *

☒

CHAPS - same day payment
(£25.00 + VAT additional charge) *

☐

*If no method of payment is chosen, then we will look to make the transfer payment by BACS transfer.

I hereby request you to transfer the amount specified above from the benefits to which I am entitled under the arrangement named above, and pay the transfer value to the receiving scheme stated below.

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 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.

I confirm that neither myself nor any party connected with me will be in receipt of any payment as a result of this transfer and its subsequent investment other than authorised pension and lump sum benefits, payable to me no earlier than from age 55.

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

DR SS

Dated 22/8/2016

To be completed by the receiving scheme

Arrangement:

Member:

Account Number:

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

Full name of receiving scheme

HMRC pension scheme tax reference

Scheme administrator's name:

Address:

Telephone number

Type of scheme (please select)	Occupational Scheme / SSAS	<input type="checkbox"/>
	Occupational Scheme / non SSAS	<input type="checkbox"/>
	SIPP / Personal Pension	<input type="checkbox"/>
	Other (please state)	<input type="text"/>

Please complete this section if type of Scheme is an Occupational Scheme

Pensions regulator reference number	<input type="text"/>
Sponsoring employer(s) name(s)	<input type="text"/>
Company number(s)	<input type="text"/>
Company registered address	<input type="text"/>
Employer relationship with member?	<input type="text"/>
Is the member also a Trustee? (If yes, please provide a copy of the deed of appointment)	<input type="text"/>
What is the name of the regulated investment service provider for the Scheme?	<input type="text"/>
FCA number for regulated investment service provider named above	<input type="text"/>

Please complete this section if type of Scheme is a Personal Pension, SIPP or Other

Scheme operators name	<input type="text"/>
Operators address	<input type="text"/>
FCA number	<input type="text"/>

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:	<input type="text"/>
Account name:	<input type="text"/>
Account number:	<input type="text"/>
Sort code:	<input type="text"/>
The reference to be quoted	<input type="text"/>

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

Stockbroker Details

Name of stockbroker:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>
Telephone number:	<input type="text"/>
Account no / Reference	<input type="text"/>

Signed: Dated
(Authorised signatory of the receiving scheme)

Position: