



2C Consulting Ltd
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35 Mount Echo Drive
Chingford
London
E4 7LA

4 February 2014

Pension Practioner.com
Daws House
33-35 Daws Lane
London
NW7 4SD

Dear Gavin

Re: 2C Consulting Ltd Directors Pension Scheme

Further to our recent discussions I have enclosed three packs of transfer documentation respectively from Aegon, Friends Life and ReAssure.

As discussed, the intent is to consolidate all pension funds into the SSAS with a view to then using the funds for investment purposes – including via a new property management business that is currently being set up by Jas Sagoo at Johal and Partners.

In each case I have completed the documentation as far as I am able – leaving you to complete the necessary details with respect to the receiving scheme.

Please let me know if you need anything further from me – and, of course, keep me apprised of progress.

Many thanks

Yours sincerely

Peter Barnes

Peter Barnes

From: "enquiries_mb" <enquiries_mb@aegon.co.uk>
Date: 22 January 2014 09:20
To: <peterbarnes@2c-consulting.com>
Cc: <peterbarnes@2c-consulting.com>
Attach: Blank TV Discharge forms.doc
Subject: Forms [T201401220016S050Z510361]

Dear Mr Barnes,

Following our recent conversation, I've attached our blank discharge form.

Important Note: these forms are only for use with Individual Personal Pension, Group Personal Pension, Flexible Pension Plan, Single Priced Personal Pension or Stakeholder Pension plans. They can't be used for any other contracts, for example Executive Pension Plans, Section 32 Buyout Plans or S226 Retirement Annuity Contracts. They also can't be used for transferring SIPP holdings, or for a scheme transfer. If your plan has SIPP holdings, or you wish to transfer a scheme, please contact us for the appropriate forms.

These forms cannot be used when taking retirement benefits.

We can only complete the transfer if you or your client has received a transfer valuation in the last six months. If we haven't given you a transfer valuation in the last three months, we strongly recommend that you ask for one before completing the forms.

You can fax the completed forms to us on 0131 549 4225. Please ensure you enter the relevant plan number(s) on the forms.

We may apply a surrender penalty and/or market value reduction on early transfer of this plan. Please ask if you would like details specific to this plan.

If there's anything else we can help you with, please call us on 08456 100 010, Monday to Friday 8.30am and 5.30pm, fax us on 0131 549 4225 or email us at enquiries@aegon.co.uk. Please have your policy number to hand when you get in touch.

Kind regards,

Naz Saleem

Customer Service Representative

Customer Contact Helpdesk
Aegon

08456 100 010

www.aegon.co.uk

Follow us on Twitter @AegonUK

Planholder: P.S. BARNES
National Insurance
number: YZ 225051A

Plan number: 9127131
Date of birth: 20/08/1955

Part 1 – Receiving scheme payment details

To be completed by the receiving scheme trustees or administrator

Receiving scheme details

Name of receiving scheme/provider: ZC CONSULTING LTD DIRECTORS PENSION SCHEME
Our reference: (to be used on all correspondence and payments)
Please confirm either: Direct credit (preferred) or cheque details
Direct Credit details (if appropriate) Sort Code: 08-60-68 Account number: 5513 9501 Account payee name: ZC CONSULTING LTD DIRECTORS PENSION SCHEME
Cheque details (if appropriate) Cheque made payable to: Address: Reference to be included: (ie plan number or member/planholder name)

Part 3 – AEGON transfer instruction

Plan number(s):	9127131
Name:	A.J. BARNES
Transfer value:	£326434.00
Date of quote:	20 JANUARY 2014

The transfer value is not guaranteed. The actual transfer value may vary from this quotation as the value of your investment could fall as well as rise before the transfer is completed. We'll calculate the actual transfer value after we conclude our checks to make sure that we can send the transfer payment to the receiving scheme and are in receipt of the necessary, completed documents.

Before making any transfers, we are obliged to carry out these checks. This could result in a delay or the transfer request being declined.

Please complete the appropriate sections below.

To be completed by the planholder

I wish to transfer my benefits as follows:

Receiving scheme/insurer LC CONSULTING LTD DIRECTOR PENSION SCHEME

1. I agree that the actual value settled may be different from that quoted above due to fluctuations in my chosen investment fund, which could fall as well as rise.
2. I agree that payment of the transfer value will be a full discharge of AEGON's liability under all the plans shown above.

Signature: 

Date 23/01/2014

Part 2 – Pension transfer confirmation
(Please do not complete if an open market option is required)

1. We undertake that the receiving scheme is: (please tick one only)

- ☐ a registered defined benefit occupational pension scheme
- ☐ a registered defined occupational pension scheme
- ☐ an individual pension plan
- ☐ an unsecured pension plan

2. Receiving scheme registration number

Settlement requirement - Please provide a copy of your HM Revenue & Customs registration certificate which shows the Pension Scheme Tax Reference.

* Delete as appropriate

Receiving scheme declaration

- (a) We declare that the information given above and overleaf is true and complete
- (b) We confirm that the transfer value will be applied to provide relevant pension benefits that are consistent with the requirements of the Finance Act 2004
- (c) Where the transfer comes from an unsecured pension plan, we confirm that the transfer will be applied accordingly to provide income withdrawals

Signature:

Company name:

Position:

Date:

PRIVATE & CONFIDENTIAL

Mr P J Barnes
35 Mount Echo Drive
Chingford
London
E4 7LA

Our Ref: CCS/9653206/D010K
Telephone: 0845 671 7867
Date: 29 January, 2014

Dear Mr Barnes,

**TRANSFER-OUT ENQUIRY
SCHEME NAME: PWC GROUP PERSONAL PENSION
POLICY NUMBER: 9653206**

We refer to your recent communication concerning the above.

The transfer value of the total benefits held in the fund is £24,070.91.

Please note these sums are not guaranteed and may change in accordance with the price of the underlying fund. Please also note that the value may not include any contributions recently received, but not yet allocated to your plan.

The transfer value will be recalculated at the date of receipt of the last document required to transfer the fund.

To enable this transfer to proceed, we would be grateful if you could arrange for the completion of the enclosed forms and return the original signed copies to this office.

- **Member transfer request form** – to be completed by the policy holder. Please ensure the receiving scheme's name is added to this form where requested.
- **Receiving scheme declaration** – to be completed by the new pension provider.

Please note that before we can proceed with the transfer we need sight of the scheme registration letter or a declaration from the receiving scheme, if the registration number is not applicable. Please return all the required documents together.

If you decide not to proceed with this transfer, you may disregard the enclosed. You need not take any further action as we will assume the transfer is not proceeding if we do not hear from you.

On receipt of all relevant documentation we will liaise with your new pension scheme to finalise the transfer and make the transfer payment directly to them.

If you have any further queries, please do not hesitate to contact us on the above number. Our office hours are 8.30am to 5.30pm Monday to Friday. However, Friends Life cannot provide any advice on which option will be best for you to take.

Yours sincerely

Dominic Kay
Administrator
Corporate Client Services

MEMBER TRANSFER REQUEST FORM

NAME: Mr P J Barnes

POLICY REFERENCE NUMBER(S): 9653206

TO: Friends Life and Pensions Limited

On receipt of approval from the trustees of the Receiving Scheme, I request Friends Life and Pensions Limited to make a transfer payment in respect of the above policy reference number(s) held under the Friends Life Appropriate Personal Pension Scheme (Number 3) ("the Transferring Scheme") to the following Scheme:

20 CONTRIBUTING OLD DIRECTORS PENSION SCHEME
("the Receiving Scheme")

(please enter the scheme name in full)

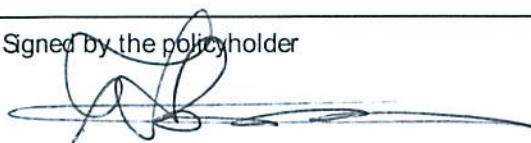
I hereby consent to the transfer and authorise Friends Life and Pensions Limited to make a transfer payment to the trustees/administrators of the Receiving Scheme in full discharge and satisfaction of any obligation on the part of Friends Life and Pensions Limited to give effect to the pension benefits in respect of the policy reference number(s) quoted above held under the Transferring Scheme.

I undertake to destroy any policy documentation previously issued to me in respect of this contract.

Anti-money laundering

To comply with anti-money laundering requirements, we may verify your identity by carrying out an on-line check with a reference agency. The agency will add a note to your reference file to show that an identity check has been made. Friends Life and Pensions Limited will not share the results of any electronic verification checks carried out by its chosen reference agency with any parties. If successful, a copy of the results will be held on our systems to evidence that your identity has been verified.

Signed by the policyholder



Dated

4/2/2014

PLEASE ENSURE THAT THE NAME OF THE RECEIVING SCHEME HAS BEEN ADDED TO THIS FORM

Full name of the policyholder

PETER JONATHAN BARNES

PLEASE RETURN COMPLETED FORMS TO CORPORATE CLIENT SERVICES, FRIENDS LIFE AND PENSIONS LIMITED, PO BOX 6272, BASINGSTOKE, RG21 6SH.

TRANSFER TO PENSION SCHEME RECEIVING SCHEME DECLARATION

SECTION A

Member's name: Mr P J Barnes

Member reference number: 9653206

SECTION B - RECEIVING SCHEME DETAILS

1. Name of the Scheme

ZC CONSULTING LTD DIRECTORS
PENSION SCHEME

2. HMRC Registration number (PSTR number)

3. Is this a UK Registered Pension Scheme?

YES

☒

NO

☐

4. Type of Scheme:

Self Administered Occupational

☐

Insured

☐

5. Scheme Administrator Name and Address

If you are unable to provide us with your HMRC Registration number (PSTR number), please ensure you have attached a copy of your original Inland Revenue approval letter.

SECTION C - RECEIVING SCHEME DECLARATION

We being the Trustees of the Scheme certify that:

1. The information and particulars given above are correct.
2. The person named is a member of the Scheme.
3. The transfer payment will be applied to provide benefits for and in respect of the person named.

Signed _____ Date _____

Please make the cheque payable to: _____
(NB If the Receiving Scheme is an Insured Scheme the cheque must be made payable to the insurer.)

INSTRUCTIONS FOR PAYMENT OF TRANSFER BENEFITS – TO BE COMPLETED BY RECEIVING SCHEME

Please note that in accordance with HM Revenue & Customs requirements we will pay the transfer payment direct to the receiving scheme. We must pay the new insurance company directly. Our preferred method of payment is direct credit.

Our Reference

CCS/9653206/D010K

Your Reference/New Policy Number (if known)

A Payment by Direct Credit

Name of Bank/Building Society

INVITEC

Account Name/Holder

IC CONSULTING LTD DIRECTOR'S PENSION SCHEME

Account Number

55139501

Sort Code

08 60 68

Roll Number (Building Society Account only)

Address of Receiving Scheme

B Payment by Cheque

(NB If the Receiving Scheme is an Insured Scheme the cheque must be made payable to the insurer.)

Payee

Name and address



ReAssure

Mailing 0001786

22 January 2014

Our reference: HS\0021832807

Mr PJ Barnes
35 Mount Echo Drive
Chingford
London
E4 7LA

000171

Policyholder(s): Mr Barnes
Policy number(s): 9992K00757278

Dear Mr Barnes

Thank you for your recent enquiry concerning this policy. Please note that each policy listed above includes any endorsements that may have been issued since the policy was taken out.

The current fund value as at 22 January 2014 is £21,300.10.

The transfer value as at 22 January 2014 is £21,300.10.

The transfer value is the policy value after we have taken off any charges and penalties that may apply to your policy. You can refer to your policy documentation to find out more about what we apply.

The transfer value is not guaranteed and we will re-calculate it on receipt of all our requirements.

So we can transfer this policy we need the following:

- Transfer Payment Release Form - completed and signed by both the Policyholder and an authorised signatory of the receiving scheme.
- The Original Policy Schedule.

In certain circumstances we may want some more information. If this is the case, we will contact you promptly with full details of what we need from you. However once we have everything we need, we will begin the transfer of this policy without delay. When calculating the transfer value of your fund, we will use the calculation price prevailing on the day following receipt of the fully completed Transfer Payment Release Form.

Please note, for us to transfer the policy, we need all of our transfer requirements to be with us within six months from the date the policyholder signs the Transfer Payment Release Form.

If you're unsure about what to do with your policy we would strongly recommend you seek advice from an Independent Financial Adviser (IFA). If you don't already have an IFA you can find advisers in your area at www.unbiased.co.uk.

ReAssure Ltd, Registered Office: Windsor House, Telford Centre, Telford, Shropshire, TF3 4NB
Registered in England No. 754167

Tel: 0800 073 1777 Fax: 0870 709 1111 Email: customers@reassure.co.uk www.reassure.co.uk

ReAssure Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm reference number 110495. Member of the Association of British Insurers.



ReAssure

Mailing 0000787

If you need any further information, then please contact us on 0800 073 1777 9am to 5pm, Monday to Friday not including bank holidays.

Yours sincerely

Heather Shaw
Service First Telford

The following attachments are included:

Combined Transfer Payment Form

Transfer warning insert for occupational and pension products

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Mailing

0000788

TRANSFER PAYMENT RELEASE FORM

NOTES TO HELP YOU WHEN COMPLETING THIS FORM

Notes applying to more than one section

This form should be completed when you have chosen to transfer your pension fund with us to another provider.

All pages of this form should be returned to us. Do not separate and send back only part of a form, as it will delay your request.

You may lose all or some of your benefits on transfer, for example:

- If your policy has a guaranteed annuity rate (GAR) this will be lost on transfer.
- If you are a member of an Executive Pension Scheme where you are entitled to more than 25% tax-free cash lump sum, this entitlement will be lost unless the transfer is a **block transfer**.
- If you were previously a member of an Occupational Pension Scheme and you are entitled to more than 25% tax-free cash lump sum, this entitlement may be lost on transfer.
- If you have rights in a Section 32 policy (This is where you transferred benefits from a previous employer's Occupational Scheme.), and after A-day wish to transfer those rights to another scheme.
- If your policy has a protected low pension age, because of the job you do, this will be lost unless the transfer is a **block transfer**.
- Where you have sought **enhanced protection** (or registered for Fixed Protection) for your pension savings, this will be lost unless it is a **permitted transfer** under HMRC rules.
- If your policy started on or before 10 December 2003 then you may have a right to retire between the ages of 50 and 75 (unless you have an earlier protected pension age). If you transfer out of this policy you will lose this right and after 6 April 2010 you will not be able to retire until age 55.

For more information about the terms in bold text above please refer to the member pages of the Registered Pension Schemes Manual (RPSM) <http://www.hmrc.gov.uk/manuals/rpsmmanual>.

We will pay the benefits from this policy to your selected receiving scheme provided both you and the receiving scheme administrator have completed this form accurately and given us all the necessary information.

You can find more about transfers on HM Revenue & Customs (HMRC) website, <http://www.hmrc.gov.uk>.

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Section 1 – Information we already know

Read the information we have completed for you. If any of it is incorrect, please amend the form and sign by the side of the change.

Section 2 – Confirmation from you the policyholder

Read the declaration passages and sign in the space provided. We cannot continue with your transfer request without your signature.

Section 3 – For use by new scheme administrator only

This can only be completed by the Scheme Administrator of the pension provider to whom you want us to transfer your pension fund. Please ensure that they complete all sections and sign the declaration. **DO NOT separate the form and return the separate parts as this will cause delays.**



ReAssure

Mailing 0000789

PLEASE RETURN ALL PAGES OF THIS FORM

Page 1 of 8

Policy Number(s): 9992K00757278

Policyholder(s): Mr Peter Jonathan Barnes

Transfer Payment Release Form

(to transfer your pension fund to another pension provider)

You may have an alternative to taking, or transferring the money from your pension, why not contact us on 0800 073 1777.

This form is important as it helps us to transfer your pension fund to the new Pension Provider correctly with the minimum of delay.

<p>Section 1: Information you already know</p>		
<p>Part A: Your personal details</p>		
Policy number	9992K00757278	
Name of policyholder	Mr Peter Jonathan Barnes	
Name of Member (if different than policyholder)		
Policyholder's/Member's National Insurance No.	YZ225051A	
Type of Scheme (Please write type of scheme here and complete the relevant section unless already completed for you)	Personal Pension Plan	
<p>Part B: Your type of UK registered pension scheme</p>		
<p>PERSONAL PENSION SCHEME</p>		
<p>Part C: Your Pension Value</p>		
Monetary amount of split:		
Former Protected Rights	£21,300.10	
Ordinary Rights (all policies except occupational schemes)	£0.00	
Total amount to be transferred. *	£21,300.10	
<p>*The transfer value amount is not guaranteed and we will re-calculate it on the day after we receive this form from you, provided it is completed accurately and we have all the information we need.</p>		

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Page 3 of 8

Policy Number(s): 9992K00757278

Policyholder(s): Mr Peter Jonathan Barnes

Section 2: Confirmation from you the policyholder

Declaration made by you

Please return your original policy documents with this form. If you cannot find them then, please read the section below.

I have carried out a diligent search in all the places I would expect to find the policies. I have also made enquiries of all people who may be able to give me information about their whereabouts but I have had no success in locating the policies.

If I find out where the policies are, I will inform you immediately. I will also return the policies to you as soon as I find them.

I authorise payment of the Open Market Option/transfer value to the receiving scheme, details of which the receiving scheme administrator has completed in Section 3, Part A. On payment of the transfer I discharge ReAssure Limited from any and all liability under the policies numbered in Section 1, Part A.

Signature of Policyholder/Trustee

Date

4/2/2014

Print Name

P.J. BARNES

If the policy is held under Trust then we need all the Trustees to sign below.

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Where the member is NOT the policyholder, please sign below:

Signature of member

Date

Print Name

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Policyholder(s): Mr Peter Jonathan Barnes

(a)	<input type="checkbox"/> A registered pension scheme governed and administered under UK Pension Law. If the transfer includes GMP rights (see Section 1) and your scheme will retain these rights in GMP form please provide your contracted-out reference number(s) below:																								
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(b)	<input type="checkbox"/> A qualifying recognised overseas pension scheme (QROPS). Please provide your QROPS reference number as provided by HM Revenue & Customs below:																								
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Q	R	O	P	S																					
(For a definition of what this means you may wish to look at the information on HM Revenue & Customs website http://www.hmrc.gov.uk) Please send us a copy of the QROPS acceptance letter issued by HMRC Audit & Pension Schemes Service (APSS).																									
(c)	<input type="checkbox"/> HM Revenue & Customs reference (if applicable) Please record number here:																								
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PLEASE RETURN ALL PAGES OF THIS FORM

Page 5 of 8

Policy Number(s): 9992K00757278

Policyholder(s): Mr Peter Jonathan Barnes

Section 3 - For completion by the receiving scheme administrator only (continued)

Part C: Confirmation of payment details to a UK registered non-Occupational Pension Scheme; otherwise complete Part D

Please make payment to the following:

Bank name: (e.g. HSBC)	INVESTEC
Address:	
Postcode:	
Bank Sort Code:	08 - 60 - 68
Bank Account Number:	55139501
Building Society Account Number:	
Bank Account Holder's Name:	ZC CONSULTING LTD WARRIOR PENSION
Share Account Number:	2276178

Part D: Confirmation of payment details to an Occupational Pension Scheme or any overseas scheme; otherwise complete Part C

Please make payment to the following:

Cheque Payee:	
Address:	
Postcode:	
Payment Reference: (Must be quoted)	

Part E: Complete if the transfer payment is to be sent via an Independent Broker

The Broker is co-ordinating the purchase of an Open Market Annuity	<input type="checkbox"/>
The Broker is employed as a third party administrator of the receiving scheme and administers the Scheme's bank account	<input type="checkbox"/>
The Broker is employed as a third party administrator of the SIPP and administers the SIPP's bank account	<input type="checkbox"/>

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PLEASE RETURN ALL PAGES OF THIS FORM

Page 6 of 8

Policy Number(s): 9992K00757278

Policyholder(s): Mr Peter Jonathan Barnes

Section 3 - For use by the new scheme administrator only (continued)

Part F: Complete if the transfer payment is to be made payable to an Independent Broker

The Broker is the appointed Scheme Administrator of the SIPP (Self-Invested Personal Pension)

☐

Part G: Declaration by receiving scheme administrator

I/We declare that:

the receiving scheme is as specified in Section 3, Part B and that it is willing and able to receive the Open Market Option/transfer payment shown in Section 1, Part C (remembering that this value will be recalculated in line with the policy conditions)

all information given in this section is true and complete.

Part H: Signature of receiving scheme administrator/scheme trustee

Signature:

Print Name:

Date:

Position:

For and on behalf of

(Trustees/Administrator of receiving scheme)