

Ms E McAlister  
Pension Practitioner  
33-35 Daws Lane  
London  
NW7 4SD

09 January 2017

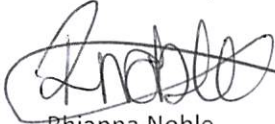
Dear Ms McAlister

**RE: Friends Life Transfer Discharge Form**

Please find enclosed the above transfer form for Ben Bowers.

Should you have any queries please don't hesitate to contact me.

Yours sincerely



Rhianna Noble  
Administration Apprentice

# Transfer discharge form

To be completed by the planholder.

Plan number(s)

F46033/6928

Planholder

Mr Benjamin Bowers

**Please remember:** We will cancel the units and calculate the transfer value using the unit prices at the date of receipt of all the items requested, fully completed, together with any supporting documents. The amount transferred may be higher or lower than the figures shown above.

Any incomplete or missing information will delay both the cancellation of units and the transfer payment to the receiving scheme.

I authorise you to transfer the above plan to:

(Please provide the full name and address of the pension provider or pension scheme which is to receive the transfer payment.)

Name of new scheme/pension provider	BOWERS SSAS
Address	
Postcode	
Reference number	
Contact name	
Contact telephone number	
Contact e-mail address	

If you would like to request a partial transfer please provide details in the box below.

## Planholder's declaration

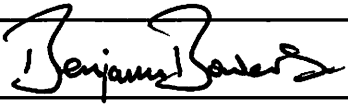
**Please read this declaration carefully before signing it. If you believe one or more of the statements are not true in relation to the proposed transfer, and as a result you cannot sign the declaration, the transfer cannot proceed.**

In relation to the plan listed above, I hereby declare:

- I agree to, and request, the transfer of benefits as indicated above.
- I understand the transfer value is not guaranteed. It will be recalculated before the payment is made, and may be higher or lower than the amount shown above.
- I am the legal owner of the plan and I am legally entitled to instruct you to transfer the value. I have never been adjudged to be bankrupt and there are no court orders affecting my plan.
- I understand and agree that payment of the transfer value will be in full and final discharge of your liabilities in respect of the benefits under the plan number stated above.
- I understand that if I have any entitlement under the Friends Life plan(s) to a protected tax-free lump sum and/or a protected pension age these may be lost upon transfer.

My date of birth is 15 August 1978.

- I declare that my date of birth shown and that the statements that I have made are correct and complete.

Planholder's signature	
Name	BENJAMIN BOWERS
Date	09/01/2017

Please provide a telephone number below which we can use to contact you between the hours of 8.30am and 6.00pm, Monday to Friday.

Preferred daytime contact number	
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**Before signing, if you are unsure of any of the terms we have used, please call us using the contact details in our covering letter.**

**Please note, if the new agreement is cancelled with the scheme indicated above, we may not be able to accept the transferred money back in to your original contract.**

# Receiving scheme's transfer statement

## Section 1 - Details of transferring scheme/planholder

Planholder name	Mr Benjamin Bowers
Planholder date of birth	15 August 1978
Planholder NI number	JG525857B
Plan number(s)	F46033/6928

## Section 2 - Details of receiving scheme

This document should only be used for a transfer to a UK registered pension scheme.

Full name of receiving scheme/provider	
Your policy number	
HMRC reference (PSTR or SF number)	
Scheme administrator's name	
Scheme administrator's address	
Postcode	
Name of contact (in case of enquiry)	
Telephone number	
Email address	

**Type of scheme** - the scheme is a: (please tick the relevant box.)

- A) A pension scheme registered under Chapter 2, Part 4 of the Finance Act 2004. ☐
- B) A statutory pension scheme (as defined in Chapter 1, Part 4 of the Finance Act 2004). ☐

**If you have ticked option A please enclose a copy of the scheme's HMRC registration document.**

**Additional details**

Is the scheme:

(i) a non-insured self-administered scheme or a self-invested pension plan?

Yes ☒ No ☐

(ii) an insured scheme?

Yes ☐ No ☒

(iii) a public service pension scheme as defined in s150(3) FA2004?

Yes ☐ No ☒

(iv) a buy-out (deferred annuity) contract?

Yes ☐ No ☒

**If the scheme is an insured scheme, or a buy-out contract, we will usually make payment only to the life office insuring the scheme or contract.**

**Section 3 – Payment details**

Please note that if your scheme is fully insured then we will pay the transfer payment directly to the new insurance company, in accordance with HMRC requirements. If the transfer is to a non-insured scheme we will pay directly to the receiving provider or administrator.

Our preferred method of payment is BACS.

(a) If you would prefer payment by BACS please provide us with details of the account into which you would like payment to be made.

Sort code	
Account number	
Account name	
Name of bank	
Reference number	

(b) If you would prefer payment by cheque, to whom should the transfer cheque be made payable?

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This is the scheme/contract's: administrator ☐ trustees ☐ insurer ☐

(c) Where should the cheque be sent (complete if different from above)?

Name	
Address	
Postcode	

**Section 4 – Receiving scheme declaration**

**This section is to be completed by an authorised signatory of the receiving scheme**

We hereby declare:

- we are willing to accept the transfer payment
- the transfer payment will be used to provide relevant benefits under a UK registered pension scheme, in line with Part 4 of the Finance Act 2004
- the information given in this questionnaire is complete and correct; and
- we consent to you referring this proposed transfer to HMRC and for HMRC to provide information to you relating to the registration of the receiving scheme.

Signed for and on behalf of the receiving scheme:

**(Please note: if the new agreement is cancelled with the scheme indicated above, we may not be able to accept the transferred money back in to the original contract.)**

Authorised signatory	
Name of signatory	
Contact phone number	
Position/title of signatory	
Date signed	