



ReAssure

## Transfer Form to a UK Pension Scheme

Name of Transferring Scheme: ReAssure Number Three Personal Pension Scheme  
Type of Policy: Personal Pension Plan  
Policy Number: P113145010  
Policy Owner: Mrs Catherine Maureen Johnson  
Date of birth: 16/12/1962  
National Insurance Number: NA922082A

If the National Insurance number shown above appears incorrect or is blank please indicate the correct number on this form.

Please note:

- Sections One and Two of this form are for completion by the receiving scheme provider.
- Section Three of this form is for completion by the transferring member.
- We have enclosed a guide and notes to help you complete this transfer application form.

### Section One - Receiving Scheme Detail (to be completed by the new pension provider)

Name of Receiving Scheme

Name and Address of new provider

The Scheme is a Registered Pension Scheme under Chapter 2 Part 4 of the Finance Act 2004

Yes

☐

No

☐

HM Revenue & Customs Registration Number for Scheme

**IF THE SCHEME IS NOT REGISTERED THE TRANSFER CANNOT PROCEED.**

### Section One - Receiving Scheme Detail (continued)

All schemes please also complete the following:

Please tick the appropriate box to describe the Receiving Scheme type from the following:

1. Fully invested in insurance policies with the provider named above

☐

2. Defined Benefit Scheme

☐

3. Money Purchase other than invested fully in insurance policies

☐

4. Self Administered Money Purchase Scheme

☐

5. Statutory Pension Scheme

☐

**Section Two – Payment Instructions (to be completed by the new pension provider)**

The transfer payment will be made when all our requirements have been met. Before completing the details below, please read the Notes in this section which contain important information.

Please choose a method of payment:

Direct payment to a bank

☐

Cheque

☐

Payee (please see note)

Notes: -

1. For any fully insured pension scheme the Payee MUST be the receiving insurer.
2. For any self-administered scheme the payment MUST be in the name of the Trustees or Scheme Administrator of the specific scheme or to an insurer operating the scheme and paid directly to them.
3. For a statutory scheme the payment MUST be in the name of the specific scheme and paid directly to them.

Name and Address of bank

Account number

Account name

Bank sort code

**Declaration by Receiving Scheme**

I confirm that the above information is correct and agree to the transfer of benefits. I authorise HM Revenue & Customs to provide to the scheme making the transfer confirmation, or otherwise, that the Receiving Scheme is a Registered Scheme.

Signature

Date

Name in capitals

**Section Three – Member Details (to be completed by Mrs Catherine Johnson)**

We recommend that as the transferring member you seek independent financial advice before completing this form.

**Enhanced Protection (see notes on page 5 for details)**

Do you have Enhanced Protection of pension benefits that you built up before 6 April 2006?

Yes

☐

No

☒

If you have answered NO please sign the Declaration below.

If you have answered YES please send us the certificate that was issued by HM Revenue & Customs when you registered for the Protection or enter its Reference Number below.

HMRC Certificate reference number

Please also tick the following box if the statement is true.

I have a current Certificate of Enhanced Protection and I fully understand that my Enhanced Protection against the Lifetime Allowance tax charge may be lost upon transfer. I have determined whether this is the case for my transfer.

☐

**Member Declaration**

I authorise ReAssure Ltd making the transfer payment to carry out the above instructions.

I/We confirm that all the statements made on this form are both true and complete to the best of my/our knowledge and belief. I/We agree that I/we will be responsible for any reasonable costs, damages or losses, including any legal expenses that ReAssure Ltd ("ReAssure") suffers as a result of any false, misleading or incomplete statements made by me/us or on my/our behalf.

I/We also confirm that if I am/we are not entitled to the proceeds from this policy then I/we will return all of the money to ReAssure. I/We also agree to reimburse ReAssure for any reasonable costs, damages or losses it incurs, including any legal expenses, in recovering this money from me/us.

I also authorise ReAssure Ltd to provide, or obtain from, the new Pension Provider any details needed to complete the transfer.

Signature

Date

### **A Guide to Completing the Transfer Application Form:**

- The enclosed Transfer Application Form should be completed only if you are transferring your pension to a UK pension scheme. If you are transferring to an overseas pension scheme please call us for the appropriate form.
- Please ensure you complete the Transfer Application form carefully, as we will not be able to accept it as your valid instructions if incomplete.
- Please ensure you have completed all questions, signed and dated the Declaration section.
- Please do not use any correctional fluid on these forms. In the case of a mistake please cross through the error and sign next to the change made.
- Please return all pages of the Transfer Application Form, other than this guide and the notes.

### **Further Information:**

If you have any questions please call us on the telephone number shown above and we will be happy to help you. Alternatively you can write to us at the above address.

**Please note that ReAssure Ltd is unable to give you any financial advice. If you require advice we suggest you contact an Independent Financial Adviser to discuss your personal circumstances.**

### **Notes:**

#### **Enhanced Protection**

Full protection against any lifetime allowance charge awarded to an individual who ceased "relevant benefit accrual" in all pension schemes before 6 April 2006. To benefit from enhanced protection an individual must have registered with HM Revenue & Customs by no later than 5 April 2009.

Ceasing relevant benefit accrual for a Money Purchase type pension scheme means that you and your employer must have stopped making any new pension contributions from 6 April 2006.

If you are a member of a Defined Benefits pension scheme they will be able to tell you if you have ceased relevant benefit accrual.

## Transfer Form to a UK Pension Scheme

Name of Transferring Scheme: ReAssure Number Three Personal Pension Scheme  
Type of Policy: Personal Pension Plan  
Policy Number: P115801292  
Policy Owner: Mrs Catherine Maureen Johnson  
Date of birth: 16/12/1962  
National Insurance Number: NA922082A

If the National Insurance number shown above appears incorrect or is blank please indicate the correct number on this form.

**Please note:**

- Sections One and Two of this form are for completion by the receiving scheme provider.
- Section Three of this form is for completion by the transferring member.
- We have enclosed a guide and notes to help you complete this transfer application form.

**Section One – Receiving Scheme Detail (to be completed by the new pension provider)**

Name of Receiving Scheme

Name and Address of new provider

The Scheme is a Registered Pension Scheme under Chapter 2 Part 4 of the Finance Act 2004

Yes

☐

No

☐

HM Revenue & Customs Registration Number for Scheme

**IF THE SCHEME IS NOT REGISTERED THE TRANSFER CANNOT PROCEED.**

**Section One – Receiving Scheme Detail (continued)**

**All schemes please also complete the following:**

Please tick the appropriate box to describe the Receiving Scheme type from the following:

1. Fully invested in insurance policies with the provider named above

☐

2. Defined Benefit Scheme

☐

3. Money Purchase other than invested fully in insurance policies

☐

4. Self Administered Money Purchase Scheme

☐

5. Statutory Pension Scheme

☐

**Section Two – Payment Instructions (to be completed by the new pension provider)**

The transfer payment will be made when all our requirements have been met. Before completing the details below, please read the Notes in this section which contain important information.

Please choose a method of payment:

Direct payment to a bank

☐

Cheque

☐

Payee (please see note)

Notes: -

1. For any fully insured pension scheme the Payee MUST be the receiving insurer.
2. For any self-administered scheme the payment MUST be in the name of the Trustees or Scheme Administrator of the specific scheme or to an insurer operating the scheme and paid directly to them.
3. For a statutory scheme the payment MUST be in the name of the specific scheme and paid directly to them.

Name and Address of bank

Account number

Account name

Bank sort code

**Declaration by Receiving Scheme**

I confirm that the above information is correct and agree to the transfer of benefits. I authorise HM Revenue & Customs to provide to the scheme making the transfer confirmation, or otherwise, that the Receiving Scheme is a Registered Scheme.

Signature

Date

Name in capitals

**Section Three – Member Details (to be completed by Mrs Catherine Johnson)**

We recommend that as the transferring member you seek independent financial advice before completing this form.

**Enhanced Protection (see notes on page 5 for details)**

Do you have Enhanced Protection of pension benefits that you built up before 6 April 2006?

Yes

☐

No

☐

If you have answered NO please sign the Declaration below.

If you have answered YES please send us the certificate that was issued by HM Revenue & Customs when you registered for the Protection or enter its Reference Number below.

HMRC Certificate reference number

Please also tick the following box if the statement is true.

I have a current Certificate of Enhanced Protection and I fully understand that my Enhanced Protection against the Lifetime Allowance tax charge may be lost upon transfer. I have determined whether this is the case for my transfer.

☐

**Member Declaration**

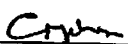
I authorise ReAssure Ltd making the transfer payment to carry out the above instructions.

I/We confirm that all the statements made on this form are both true and complete to the best of my/our knowledge and belief. I/We agree that I/we will be responsible for any reasonable costs, damages or losses, including any legal expenses that ReAssure Ltd ("ReAssure") suffers as a result of any false, misleading or incomplete statements made by me/us or on my/our behalf.

I/We also confirm that if I am/we are not entitled to the proceeds from this policy then I/we will return all of the money to ReAssure. I/We also agree to reimburse ReAssure for any reasonable costs, damages or losses it incurs, including any legal expenses, in recovering this money from me/us.

I also authorise ReAssure Ltd to provide, or obtain from, the new Pension Provider any details needed to complete the transfer.

Signature



Date

16.1.13



ReAssure

## Transfer Form to a UK Pension Scheme

Name of Transferring Scheme: ReAssure Number Three Personal Pension Scheme  
Type of Policy: Personal Pension Plan  
Policy Number: P114954583  
Policy Owner: Mrs Catherine Maureen Johnson  
Date of birth: 16/12/1962  
National Insurance Number: NA922082A

If the National Insurance number shown above appears incorrect or is blank please indicate the correct number on this form.

Please note:

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Yes

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HM Revenue & Customs Registration Number for Scheme

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### Section One - Receiving Scheme Detail (continued)

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Signature

Date

Name in capitals

**Section Three - Member Details (to be completed by Mrs Catherine Johnson)**

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I/We also confirm that if I am/we are not entitled to the proceeds from this policy then I/we will return all of the money to ReAssure. I/We also agree to reimburse ReAssure for any reasonable costs, damages or losses it incurs, including any legal expenses, in recovering this money from me/us.

I also authorise ReAssure Ltd to provide, or obtain from, the new Pension Provider any details needed to complete the transfer.

Signature

Date



Bill date: 03 December 2012  
Bill period: 22 Dec - 21 Jan  
Account number: 700790601  
Area reference: 07  
Page no: 2 of 3

## Your bill breakdown

### Payment detail

Your last bill amount		£96.55
Date:	Description:	Amount:
20 Nov	Payment - Thank you	CR £96.55
Total payments received		CR £96.55

**Owed from last bill** £0.00

#### **i** Balance owed from last bill

This shows any payments you've made and any money owed from your previous bill.

### Your package

These charges are for the period: 22 December - 21 January

#### Bundle Charges

- |                               |                            |
|-------------------------------|----------------------------|
| ✓ Bb/Phone/TV Sp Mov Discount | ✓ Fully Itemised Billing   |
| ✓ T V Size: X L               | ✓ Broadband L (Up To 20mb) |

Bundle Charges total £32.25

#### Phone line rental

- ✓ Telephone Line Rental

Phone line rental total £13.90

#### Premium add-ons

- ✓ Skymovie 2, SkyMovie 1, Sports 1, ✓ Sports 2

Premium add-ons total £32.75

**Your package total** £78.90

### Other fees, charges & credits

#### Billing & payment fees

At any time you can opt to change how you pay and save money - please see back of first page

Description:	Amount:
Paper Bill Charge	£1.75
Billing & payment fees total	£1.75

**Other fees, charges & credits total** £1.75

#### **i** Paper bills

Getting your bill in the post costs £1.75 a month. So, to save money, just switch to eBilling and you'll be saving £21 a year. See back of page 1 for details.

## Your bill breakdown (continued)

### Usage charges

#### Telephone calls for 01179405534

Calls below your itemisation threshold (default - calls below 50p)	£0.00
Calls above your itemisation threshold (default - calls above 50p)	£41.31
<b>Call charges total (exclusive of VAT)</b>	<b>£41.31</b>
VAT (VAT on Telephone calls charged at 20% on £41.31)	£8.26

**Telephone calls total £49.57**

**Usage charges total £49.57**

### **i** Usage charges explained

These are charges over and above your normal package cost.

Items could include any on demand movies / music, interactive, or calls outside your chosen tariff.

### Your selected call itemisation breakdown for telephone number 01179405534

#### Calls above your itemisation threshold (default - calls above 50p)

Date of call:	Time of call:	Call destination:	Number called:	Duration: Mins: Secs	Cost: ex-VAT
Sat 03 Nov	11:53	MOBILE	07799256177	1:00	0.29
Sun 04 Nov	09:21	MOBILE	07799256177	1:00	0.29
Mon 05 Nov	07:24	BRISTOL	01179753634	1:00	0.21
Mon 05 Nov	18:39	BRISTOL	01179807827	1:00	0.21
Mon 05 Nov	18:39	MOBILE	07979293866	1:00	0.29
Mon 05 Nov	18:40	AMMANFORD	01269860170	32:00	2.78
Mon 05 Nov	19:12	BRISTOL	01179753634	1:00	0.21
Mon 05 Nov	19:14	MOBILE	07799256177	1:00	0.25
Mon 05 Nov	19:15	1471 - Call Return	01179753634	1:00	0.35
Wed 07 Nov	07:42	BRISTOL	01179753634	1:00	0.21
Wed 07 Nov	17:33	BRISTOL	01179753634	1:00	0.21
Wed 07 Nov	19:43	BRISTOL	01179569772	1:00	0.21
Wed 07 Nov	21:14	BRISTOL	01179569772	6:00	0.63
Fri 09 Nov	07:14	BRISTOL	01179753634	1:00	0.21
Fri 09 Nov	18:39	BRISTOL	01179569772	1:00	0.21
Sat 10 Nov	12:35	MOBILE	07799256177	1:00	0.29
Sun 11 Nov	09:08	MOBILE	07799256177	1:00	0.29
Sun 11 Nov	17:32	MOBILE	07799256177	2:00	0.45
Mon 12 Nov	07:48	BRISTOL	01179753634	1:00	0.21
Tue 13 Nov	07:44	BRISTOL	01179753634	1:00	0.21
Wed 14 Nov	18:36	1471 - Call Return	07903627655	4:00	0.91
Thu 15 Nov	07:35	BRISTOL	01179753634	1:00	0.21
Thu 15 Nov	19:01	BRISTOL	01179569772	9:00	0.87
Fri 16 Nov	06:59	BRISTOL	01179753634	1:00	0.21
Sun 18 Nov	09:11	MOBILE	07799256177	1:00	0.29
Sun 18 Nov	09:15	MOBILE	07799256177	1:00	0.29
Sun 18 Nov	09:21	MOBILE	07799256177	1:00	0.29
Mon 19 Nov	07:00	BRISTOL	01179753634	1:00	0.21
Mon 19 Nov	07:42	NG1	08456113044	2:00	0.27
Tue 20 Nov	06:52	BRISTOL	01179753634	1:00	0.21
Wed 21 Nov	07:26	BRISTOL	01179753634	1:00	0.21
Thu 22 Nov	17:13	CHELtenham	01242260656	1:00	0.21
Thu 22 Nov	17:26	BRISTOL	01179753634	1:00	0.21
Thu 22 Nov	19:07	BRISTOL	01179679144	8:00	0.79
Thu 22 Nov	22:39	HINCKLEY	01455610492	91:00	7.66
Fri 23 Nov	06:49	BRISTOL	01179753634	1:00	0.21
Sat 24 Nov	12:32	MOBILE	07799256177	1:00	0.29
Sun 25 Nov	12:02	MOBILE	07739987252	81:00	13.19
Mon 26 Nov	17:40	BRISTOL	01179753634	1:00	0.21
Mon 26 Nov	17:56	HINCKLEY	01455620721	1:00	0.21
Mon 26 Nov	17:58	HINCKLEY	01455620728	22:00	1.95
Mon 26 Nov	20:42	N'ALLERTON	01609773933	18:00	1.62
Mon 26 Nov	21:25	BRISTOL	01179753634	1:00	0.21
Mon 26 Nov	21:38	1471 - Call Return	07739987252	2:00	0.50
Tue 27 Nov	06:28	BRISTOL	01179753634	1:00	0.21
Tue 27 Nov	20:38	BRISTOL	01179753634	1:00	0.21
Wed 28 Nov	06:55	BRISTOL	01179753634	1:00	0.21
Thu 29 Nov	05:58	BRISTOL	01179753634	1:00	0.21
Thu 29 Nov	06:19	BRISTOL	01179753634	1:00	0.21
Fri 30 Nov	06:40	BRISTOL	01179753634	1:00	0.21
Fri 30 Nov	15:55	BRISTOL	01179753634	1:00	0.21
Fri 30 Nov	21:18	MOBILE	07739987252	4:00	0.60

**Total for itemisation**

**£41.31**



TO WHOM IT MAY CONCERN

Date: 5<sup>th</sup> December 2012  
Our Ref: JLR.JOHNSON

Dear Sir/Madam

**MRS CATHERINE MAUREEN JOHNSON**

We have been asked to confirm that our above-named Client is resident at 345 Soundwell Road, Kingswood, Bristol BS15 1JN

We are happy to confirm this. If any further information is required, please do not hesitate to contact the writer at this office.

Yours faithfully,

JAMES L. RASKIN  
Solicitor/Licensed Conveyancer/Licensed Probate Practitioner  
Ocean Property Lawyers

**Westbury-On-Trym office**  
73 Westbury Hill,  
Westbury-On-Trym,  
Bristol BS9 3AD

t 0117 989 8000  
f 0117 989 8001  
dx 33352 Westbury-On-Trym  
e westburylawyers@oceanhome.co.uk  
w oceanhome.co.uk

**Offices also at**  
Bishopston  
Bradley Stoke



TO WHOM IT MAY CONCERN

Date: 16<sup>th</sup> November 2012  
Our Ref: JLR.JOHNSON

Dear Sir/Madam

**MR. NICHOLAS DEAN JOHNSON**

We have been asked to confirm that our above-named Client is resident at 345 Soundwell Road, Kingswood, Bristol BS15 1JN and also that he is the proprietor of the business known as Advanced Automotives of 271-273 Two Mile Hill Road, Kingswood, Bristol BS15 1AX.

We are happy to confirm this. If any further information is required, please do not hesitate to contact the writer at this office.

Yours faithfully,

**JAMES L. RASKIN**  
Solicitor/Licensed Conveyancer/Licensed Probate Practitioner  
Ocean Property Lawyc

Westbury-On-Trym office  
11 Westbury Road  
Westbury, Wiltshire  
Bristol BS18 7AD

t 0117 989 8000  
f 0117 989 8001  
dx 11352 Westbury, Wiltshire  
e [enquiries@oceanlaw.co.uk](mailto:enquiries@oceanlaw.co.uk)  
[www.oceanlaw.co.uk](http://www.oceanlaw.co.uk)

Offices also at  
Bishopscleeve  
Bradley Stoke



- We do not arrange the appointment of a custodian on behalf of the trustees.
- We do not give investment advice or solicit investment products

Such activities are undertaken by the trustees for themselves or through the appointed advisor. We do not receive any payments for investments and policies that you arrange.

**We do undertake all of the following:**

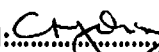
- maintaining records;
- liaising with tax authorities;
- arranging actuarial advice;
- paying over contributions to a product provider or fund manager for investment in line with pre-agreed instructions; and
- paying out benefits under the instruction of the trustees  
HMRC and all other Regulatory reporting
- Give information regarding changes in HMRC and Regulatory practice
- Give information we consider from time to time appropriate to the trustees concerning the governance of the pension scheme.
- Provide through our appointed solicitors legal services to the trustees

We do not hold nor are we a signatory to the assets of the pension scheme. We will hold authority for any investments undertaken in order that we may meet our reporting requirements to HMRC.

**Fit and Proper Persons**

We are registered with HM Revenue and Customs as a Company Service Provider in order that we can meet their requirements of us. We have satisfied their fit and proper persons test and a company of our certificate is available on request. We will share information with HMRC and their agencies to prevent fraud or in connection with the prevention of money laundering.

By signing this agreement you confirm that you have read the terms of business and agree to be bound by these terms of business.

Signed:  .....

Name: Cathi Johnson .....

Signed:  .....

Name: Nicholas Johnson .....

Signed: .....

Name: .....



**CERTIFICATE OF INCORPORATION  
OF A  
PRIVATE LIMITED COMPANY**

**Company Number. 8334980**

The Registrar of Companies for England and Wales, hereby certifies that

**ADVANCED AUTOMOTIVE PERFORMANCE LTD**

is this day incorporated under the Companies Act 2006 as a private company, that the company is limited by shares, and the situation of its registered office is in England and Wales.

Given at Companies House, Cardiff, on 18th December 2012.



**THE OFFICIAL SEAL OF THE  
REGISTRAR OF COMPANIES**



**Companies House**

The above information was communicated by electronic means and authenticated by the Registrar of Companies under section 1115 of the Companies Act 2006



## PENSION FUNDS APPLICATION FORM AND MANDATE

Please complete this form in BLOCK CAPITALS and black ink and return it in the pre-paid envelope provided to: **Cater Allen Private Bank, 9 Nelson Street, Bradford BD1 5AN**. If you need any help completing this form, please call us on **0800 092 3300**.

For action by Professional Adviser only

£ Sterling Master Account number	
£ Sterling Account number allocated	
€ Euro Master Account number	
€ Euro Account number allocated	
\$ US Dollar Master Account number	
\$ US Dollar Account number allocated	

### 1 Which account(s) are you applying for?

Applicant to complete

Please let us know the account(s) you would like to open, by ticking the relevant box. Tell us the amount you would like to deposit as an opening balance, and in which currency. Then decide whether you would like a chequebook and/or paying-in book(s).

Reserve Account for Pensions <sup>1</sup> (minimum £5,000 or equivalent per currency)	Chequebook	Over the counter Paying-in Book	Postal deposit Paying-in Book
<input checked="" type="checkbox"/> £ Sterling £	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> € Euro €			
<input type="checkbox"/> \$ US Dollar \$			
Asset 30 Account <sup>1</sup> (minimum £5,000)		Over the counter Paying-in Book	Postal deposit Paying-in Book
<input type="checkbox"/> £ Sterling £		<input type="checkbox"/>	<input type="checkbox"/>
Business Notice Account 95 <sup>1</sup> (minimum £25,000)		Over the counter Paying-in Book	Postal deposit Paying-in Book
<input type="checkbox"/> £ Sterling £		<input type="checkbox"/>	<input type="checkbox"/>
Term Deposit <sup>2</sup> (minimum £50,000) or equivalent in US Dollars (\$) or Euros (€) <sup>3</sup>			
<input type="checkbox"/> £ Sterling £			
<b>Currency Term Deposits</b> (NB: Only available for 12 month term)			
<input type="checkbox"/> € Euro €			
<input type="checkbox"/> \$ US Dollar \$			
<b>Base Rate Tracker Term Deposits</b> (NB: Only available for 12 month term)			
<input type="checkbox"/> £ Sterling £			

Is the money from (please tick the appropriate box):

a Registered Pension Scheme ☒ a non-Registered Pension Scheme ☐ Other ☐

If 'Other' please specify the source of the funds

### 2 Please tell us about your Pension Scheme

Applicant to complete

We cannot progress your application unless all fields within this section are completed.

What name would you like to be shown on the new Account?

This is the name that will appear on chequebooks and paying-in books where applicable. There is room for a maximum of 22 characters per line.





Contact name

What position does the contact person hold?



## 2 Please tell us about your Pension Scheme (continued)

Applicant to complete

Scheme registered address

271 Two Mile Hill Road  
Kingswood  
Bristol Postcode BS15 1AX

In which country is the Pension Scheme registered, if outside the UK?

Address for correspondence (if different to registered/trading address)

Telephone

01179672344

Fax

Mobile

Email

## 3 Gross Interest Declaration

Applicant to complete

Scheme Registered Number (if applicable)

The Scheme is (please tick the appropriate box):

- ☐ a Registered Pension Scheme as described in Chapter 2 of Part 4 of the Finance Act 2004
- ☐ a non-Registered Pension Scheme

## 4 Term Deposit options only

Applicant to complete

To open a Term Deposit, you must send your funds to us via electronic transfer – we cannot accept a cheque for the deposit amount. On approval of your application to open a Term Deposit, we will contact you to confirm the paying-in details and process.

Sterling Term Deposit

Please select term required

1 week <input type="checkbox"/>	2 weeks <input type="checkbox"/>	3 weeks <input type="checkbox"/>
1 month <input type="checkbox"/>	2 months <input type="checkbox"/>	3 months <input type="checkbox"/>
4 months <input type="checkbox"/>	5 months <input type="checkbox"/>	6 months <input type="checkbox"/>
7 months <input type="checkbox"/>	8 months <input type="checkbox"/>	9 months <input type="checkbox"/>
10 months <input type="checkbox"/>	11 months <input type="checkbox"/>	12 months <input type="checkbox"/>
		24 months <input type="checkbox"/>

Base Rate Tracker Term Deposit and Currency Deposits

Please select term required

12 months ☐

Maturity Confirmation (must be completed for all Term applications)

Would you like us to automatically re-invest your Term Deposit at maturity into a new Term Deposit (at the then applicable interest rate) for the same term and the same deposit?

Yes ☐ No ☐

If 'No', please complete the section opposite with the details of the account where you wish your deposit and interest to be paid to at the end of the term.

If 'Yes', would you like us to include your interest in your new Term Deposit?

Yes ☐ No ☐

If 'No', please complete the section opposite with the details of the account where you wish your interest to be paid to at the end of each term.

UK account to which matured deposit and interest, or interest only, is to be paid at the end of term:

Sort code -- Account number

Account name

Name of Bank or Building Society

Branch address

Swift code (if overseas)\*\*

Other relevant bank codes, e.g. IBAN number (if overseas)\*\*

This transfer (except on the Euro and US Dollar Term Deposits) will be made by BACS. If you require it to be sent via same day CHAPS transfer, then you must tell us this before midday on the day of maturity. CHAPS transfers incur a fee; please see Banking Tariff for details.

For the Euro and US Dollar Term Deposits the transfer will be made by telegraphic transfer.

\* The Euro and US Dollar accounts are only available for a 12 month term

\*\* If payee is overseas, transfers cannot be made without this information  
Provided that the instruction for such withdrawal is believed to have been given by one or more of the authorised signatories on the account, as specified in the current mandate to operate the account, you may act upon such instructions without the need for further enquiry.

In consideration of the Bank agreeing to allow the arrangements described above, I/we hereby agree:

- to indemnify you and agree to keep you indemnified from and against all losses, claims, expenses and liabilities whatsoever which you may sustain or incur or become responsible for in any way as a result of your agreeing to allow the arrangements described above; and
- that this mandate and indemnity is governed by the laws of England and I/we agree to submit to the exclusive jurisdiction of the English courts.



## 5 Details of your Professional Adviser

Applicant to complete

Have you been introduced to Cater Allen Private Bank by a Professional Adviser?

Yes ☒ No ☐

If 'Yes', please complete the details below. If 'No', go to section 6.

Name of company

Address

  
 Postcode

Telephone

Name

Email

## 6 Declaration and Mandate

Applicant to complete

We/I being all the Trustees of (please insert the full name of the Scheme)

('The Scheme') hereby apply to open a Pension Account ('The Account') with Cater Allen Private Bank ('The Bank') in accordance with the published 'Terms and Conditions' thereof ('the Conditions') and in accordance with the Mandate below, which we acknowledge having received and to which we agree to be bound and any subsequent amendments which the Bank may inform us of from time to time.

We hereby certify that:

- (a) I/We are duly authorised by the Trust Deed of the Scheme to open the Account and operate it as set out in this Mandate and we hereby indemnify the Bank against any losses suffered as a result of any operation of the Account in accordance with this Mandate which is found to be in breach of the Trust Deed.
- (b) In the event of the death or incapacity of any of the Trustees or Authorised Signatories, the Bank is able to pay or deliver to the order of the survivors, all money, securities, deeds or documents or any other property which you hold for the credit of the remaining Trustees' joint Account.

The liability of  as Scheme Administrator for any indebtedness arising from time to time on the Account(s) shall be limited to the Assets of the Scheme.\*

\*Please leave blank if not the Scheme Administrator.

Please act on the signature(s) of the Authorised Signatories in respect of cheques or other orders for payment on the Account, and as authority for the sale, purchase, delivery or other dealings with securities, bills, coupons, documents, boxes, packages and their contents and other property at any time held by you.

Authorised Signatories

All transactions on this Account must be signed by

☒ of the Trustees  
 (Please enter the number of Trustees to sign)

☐ All of the Trustees

☐ In addition to the above the Scheme Administrator must sign.

If less than all Trustees to sign on the Account:

I/We hereby jointly and severally indemnify the Bank from and against all actions, claims, demands and costs which may be brought or made against the Bank or incurred by the Bank by reason of the Bank's permitting operation of the Account otherwise than upon the signatures of all of the Trustees together.

I/We hereby authorise the Bank to provide the Scheme's Auditors with such information as they may request concerning the Account and any transactions which may have taken place via the Account.

Upon any of the Trustees ceasing to be a Trustee of the Trust by death or otherwise, the Bank may in the absence of written notice to the contrary from us, treat the surviving or continuing Trustees for the time being, as having full power to carry on the business of the Account Holder and to deal with its assets as freely as if there had been no change in the Trust.

The above authority shall remain in force until the Bank receives written notice of its revocation, notwithstanding any change in the constitution (or name) of the Trust and shall apply notwithstanding any change in the identity of the Trustees by death, bankruptcy, retirement or otherwise or the admission of any new Trustee or Trustees.

I/We authorise Cater Allen Private Bank to send copies of all statements issued in respect of the Account and to disclose details of that Account to my/our Professional Adviser, and Scheme Administrator, as named on this application, or their successors in title. I/We acknowledge that my/our Professional Adviser may receive commission from Cater Allen Limited in respect of the account. The Bank is hereby authorised to comply with all withdrawal instructions given by facsimile, providing that such instructions are signed in accordance with the current Mandate to operate the above Account and the Bank may act upon such instructions without the need for further enquiry.

The Bank may act upon such instructions immediately and without further enquiry unless it has cause to be suspicious as the nature and content of the request.

Closure of Account

We will not accept notification of closure of this Account unless it is authorised by the correct signatories as detailed on the valid Mandate that is in existence at that point in time.



**Providing you with information**

I confirm that I am entitled to disclose information about any parties named on the application form. If this application is made in joint names "I" in the statement below should be read as "we" where appropriate.

**Using my personal information**

Whether or not I become a customer, you may use all the information I give to you, Cater Allen Private Bank, or you hold on me, including transactional data, to provide and run the account or service I have applied for. This includes information about the conduct (including details of transactions) of any account or policy that I have with you, a group company or an associated company. You may also use my information to help you develop and improve your products and services. You will keep information about me after my account is closed.

**Sharing my personal information**

You may share my information for the purposes described in this statement with the group of companies to which you belong (the Santander group) and your associated companies, and with service providers or agents. These companies may be based in other countries. I understand that you will make sure that my information is only used in line with your instructions and your own strict policies on confidentiality. If you transfer my information to another country, you will also make sure that you give it the same levels of protection as needed under the UK Data Protection Act. You may also give essential information about my account and cards (if any) to others if needed to run my account and for regulatory purposes.

**My marketing preferences**

- You may invite me to take part in market research surveys.

If I don't want to be included in market research, I can tick this box:



If I have been introduced to you via a Professional Adviser I understand that you will not use my information for marketing purposes (although I may still receive details of products and services from other Santander group companies if I have agreed with them to receive such information).

If I am a customer dealing directly with Cater Allen Private Bank you may identify and let me know by post, telephone or electronic media (including email and SMS) of products or services, which you think may interest me. If I am aged over 18, when deciding whether to provide me with details of a credit product you may search the files of credit reference agencies who will not make a record of this search available to other lenders who search my file.

If I don't want information on other products and services I can tick the following boxes: Please do not contact me

by telephone ☐ by post ☐ by e-mail ☐

by SMS (when available) ☐

Unless I have said otherwise, by continuing with this application, I agree to you contacting me using any of the methods shown above.

I understand that I may receive details of products and services from other Santander group companies if I have agreed with them to receive such information.

**Credit reference agencies – Reserve Account for Pensions applications**

I understand that when you assess this application, and any future increase in my credit or overdraft limit (this does not apply to those under 18), you will use the information for credit assessment, which may include credit scoring. You may make any enquiries relating to me and my business that you consider necessary (for example, from another financial institution), and search the files of credit reference agencies at my business and home address, which will keep a record of each search. This could affect my ability to get credit elsewhere within a short period of time. Details about this application (whether or not it goes ahead) will be recorded at the credit reference agency. A financial link between joint applicants or between myself and any other person will be created at the credit reference agency. This will link our financial records, where each will be taken into account in all future applications by either or both of us. If I already have a financial association you will assess my application on this basis. This situation will continue until one of us successfully files for a 'disassociation' at the credit reference agency. You will also pass details about me, my business and how I run my account (if my application is successful) to credit reference agencies. When appropriate the credit reference agencies and/or fraud prevention agencies will also record details of my agreement with you, the payments I make under it and any default or failure to keep to its terms and any deliberate non-payment following a change of address without notice.

**Verifying my identity and fraud checks**

Before you can open this account/add me to this account, or set up my policy, in order to prevent or detect fraud you will check and share the information provided in this application or at any stage with fraud prevention agencies, and may make searches at credit reference agencies who will supply you with information, including information from the electoral register, for the purposes of verifying my identity. Scoring methods may be used to verify my identity. A record of this process will be kept that may be used to help other companies to verify my identity. If false or inaccurate information is provided and fraud identified details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

You and other organisations may search and use the records held by credit reference and fraud prevention agencies to prevent and investigate crime, fraud and money laundering and for example:

- to check details on applications for credit and credit related or other facilities;
- to verify my identity if I or my financial associate applies for other facilities;
- to undertake statistical analysis and system testing;
- to manage credit and credit related accounts or facilities;
- to recover debt;
- to check details on proposals and claims for all types of insurance;
- to check details of job applicants and employees.

You may also search and use your internal records for these purposes.

You and other organisations may search and use from other countries the information recorded at fraud prevention agencies. I understand further information on the credit reference agencies and fraud prevention agencies you use is available by telephoning your Agents on 0800 092 3300.

**Access to my information**

I understand I have the right to see certain records you hold about me if I pay a fee\* and I can get an information sheet (Subject Access Info Sheet) explaining my rights by calling 0800 092 3300.

\* Please see Banking Tariff for details.







## 9 Authorised Signatories

Applicant to complete

Anyone who wishes to be able to transact on this account needs to be identified below as an Authorised Signatory. If you are not identified as an Authorised Signatory, then unfortunately we cannot accept your signature as authorisation to carry out a transaction, e.g. on a letter, on a cheque, on a faxed request, etc.

The following Authorised Signatories wish to operate this account ("The Account") with Cater Allen Private Bank ("The Bank"). By signing this Application Form we agree that:

- We have read and understand the Data Protection Statement, and agree that you can use our information as stated in the statement.
- We have received and accept the Terms and Conditions of this account and agree to also be bound by any subsequent amendments advised to us by the bank from time to time.
- Our personal information contained in section 12 of this Application is true and correct.
- For Corporate Trustees who will be signing on this account, we will require a list of authorised signatories on company letterhead and at least one signatory from that list must sign in this section

### Signature of first person

Full name

Nicholas Dean Johnson

Position

Signature

x 

Date

### Signature of second person

Full name

CATHERINE MAUREEN JOHNSON

Position

Signature



Date

### Signature of third person

Full name

Position

Signature

Date

### Signature of fourth person

Full name

Position

Signature

Date

## 10 Scheme Administrator details

Applicant to complete

I, the Scheme Administrator, verify that the above signed names are the legitimate Trustees and Authorised Signatories in the named Scheme.

Full name

Position

Address

Postcode

Signature

Date

## 11 Documentation requirements

Applicant to complete

The following documentation is required for verification of Schemes:

1. Certified copy of the portion of your Trust Deed (and any deed of amendment) showing name of Scheme and names and addresses of all Trustees.
2. Any relevant deed of removal and / or appointment.

Please note that:

You must not send us originals of the following valuable documents: Passport; Driving Licence; EEA member state ID card; Northern Ireland Voter's Card. This is due to the dangers of postal interception and fraud, and is for your own protection.

Professional Advisers may supply an IVC for each named Trustee / Authorised Signatory / Operators of the Account, provided that it is fully completed and is of a sufficient quality that any ID information can be reconstructed at a later date.



In order to ensure that our information is always up to date, and to comply with Anti Money Laundering Regulations, please complete the form below. In some circumstances we may not be able to process this request without this information.

If this application form does not provide you with enough space for everyone's personal details, please photocopy this section of the form and complete for each additional person then attach all relevant pages to this application.

For Corporate Trustees, we will require a list of authorised signatories on company letterhead and at least one signatory from that list must sign in this section

## Details of first person

Please tick appropriate box(es):

Existing customer ☐ New customer ☒  
 Authorised Signatory ☐ Scheme member (if SIPP) ☐  
 Mr ☒ Mrs ☐ Ms ☐ Miss ☐  
 Other ☐ If 'Other' please state

Forename(s)

NICHOLAS

Middle Name

DEAN

Surname

JOHNSON

Any other name you have been, or are, known by

Date of birth

22 02 1964

Male ☒ Female ☐

Mother's maiden name

YONG

Nationality

English

Do you have dual nationality?

Yes ☐ No ☐

If 'Yes' please specify which country

Are you a Trustee of the Scheme?

Yes ☒ No ☐

Current home address (permanent residential address)

345 Sandwell Road  
 Kingswinford  
 Bristol  
 Postcode BS15 1JN

Country of residence

How long have you been at your current home address?

Years 26 Months

Telephone (day)\* 01179 672344

Telephone (eve)\*

Mobile\*

\*You must provide at least one telephone number.

Email

Previous home address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

Country of residence

How long did you live at this address?

Years Months

Do you share a mail box? (e.g. block of flats)

Yes ☐ No ☐

If yes we will make special arrangements should you need to receive cheque / paying-in book, pin / card by post.

I confirm that I have enclosed customer identification in accordance with the Customer Identification Requirements Sheet.

## Details of second person

Please tick appropriate box(es):

Existing customer ☐ New customer ☐  
 Authorised Signatory ☐ Scheme member (if SIPP) ☐  
 Mr ☐ Mrs ☒ Ms ☐ Miss ☐  
 Other ☐ If 'Other' please state

Forename(s)

CATHERINE

Middle Name

MAUREN

Surname

JOHNSON

Any other name you have been, or are, known by

Date of birth

16 12 1962

Male ☐ Female ☒

Mother's maiden name

TARLING

Nationality

English

Do you have dual nationality?

Yes ☐ No ☐

If 'Yes' please specify which country

Are you a Trustee of the Scheme?

Yes ☒ No ☐

Current home address (permanent residential address)

345 Sandwell Road  
 Kingswinford  
 Bristol  
 Postcode BS15 1JN

20 December 2012

Mrs C M Johnson  
345 Soundwell Road  
BRISTOL  
Avon  
BS15 1JN

Our reference: GS/MJA

Dear Mrs Johnson

**Policy numbers P113145010, P114954583 and P115801292**

Thank you for your telephone call of 14 December 2012.

Please find enclosed transfer forms as requested.

The policies are issued under the ReAssure Personal Pension Scheme which is a registered pension scheme under Chapter 2 Part 4 of the Finance Act 2004.

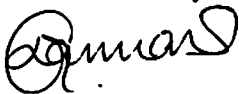
The HMRC Scheme Approval number is 00605375RS.

ReAssure Ltd does not offer Guaranteed Annuity Rates

The transfer can be processed under the Origo Options scheme. If you are using this system please note ReAssure is listed twice under the Participating Product Providers. Please ensure you choose Reassure (ex Barclays Life).

If you require any further information, please contact our Customer Services Team who will be pleased to help you.

Yours sincerely



Leanne Gammans  
Customer Services

Enclosures: Transfer Requirements Checklist  
Policy Information Sheet – Personal Pension Plan  
Policy Information Sheet – Retirement Account 1





20 December 2012

Mr N D Johnson  
345 Soundwell Road  
BRISTOL  
Avon  
BS15 1JN

Our reference: GS/MJA

Dear Mr Johnson

**Policy numbers P113145029, P114954494 and P115801322**

Please find enclosed transfer forms as requested by your wife on 14 December 2012

The policies are issued under the ReAssure Personal Pension Scheme which is a registered pension scheme under Chapter 2 Part 4 of the Finance Act 2004.

The HMRC Scheme Approval number is 00605375RS.

ReAssure Ltd does not offer Guaranteed Annuity Rates

The transfer can be processed under the Origo Options scheme. If you are using this system please note ReAssure is listed twice under the Participating Product Providers. Please ensure you choose Reassure (ex Barclays Life).

If you require any further information, please contact our Customer Services Team who will be pleased to help you.

Yours sincerely

Leanne Gammans  
Customer Services

Enclosures: Transfer Requirements Checklist  
Policy Information Sheet – Personal Pension Plan  
Policy Information Sheet – Retirement Account 1

**Section Three – Member Details (to be completed by Mr Nicholas Johnson)**

We recommend that as the transferring member you seek independent financial advice before completing this form.

**Enhanced Protection (see notes on page 5 for details)**

Do you have Enhanced Protection of pension benefits that you built up before 6 April 2006?

Yes

☐

No

☐

If you have answered NO please sign the Declaration below.

If you have answered YES please send us the certificate that was issued by HM Revenue & Customs when you registered for the Protection or enter its Reference Number below.

HMRC Certificate reference number

Please also tick the following box if the statement is true.

I have a current Certificate of Enhanced Protection and I fully understand that my Enhanced Protection against the Lifetime Allowance tax charge may be lost upon transfer. I have determined whether this is the case for my transfer.

☐

**Member Declaration**

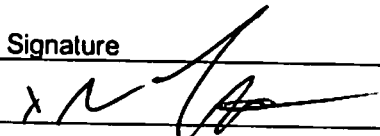
I authorise ReAssure Ltd making the transfer payment to carry out the above instructions.

I/We confirm that all the statements made on this form are both true and complete to the best of my/our knowledge and belief. I/We agree that I/we will be responsible for any reasonable costs, damages or losses, including any legal expenses that ReAssure Ltd ("ReAssure") suffers as a result of any false, misleading or incomplete statements made by me/us or on my/our behalf.

I/We also confirm that if I am/we are not entitled to the proceeds from this policy then I/we will return all of the money to ReAssure. I/We also agree to reimburse ReAssure for any reasonable costs, damages or losses it incurs, including any legal expenses, in recovering this money from me/us.

I also authorise ReAssure Ltd to provide, or obtain from, the new Pension Provider any details needed to complete the transfer.

Signature



Date

16.1.2013



ReAssure

## Transfer Form to a UK Pension Scheme

Name of Transferring Scheme: ReAssure Number Three Personal Pension Scheme  
Type of Policy: Personal Pension Plan  
Policy Number: P114954494  
Policy Owner: Mr Nicholas Dean Johnson  
Date of birth: 22/02/1964  
National Insurance Number: NE306254A

If the National Insurance number shown above appears incorrect or is blank please indicate the correct number on this form.

Please note:

- Sections One and Two of this form are for completion by the receiving scheme provider.
- Section Three of this form is for completion by the transferring member.
- We have enclosed a guide and notes to help you complete this transfer application form.

### Section One - Receiving Scheme Detail (to be completed by the new pension provider)

Name of Receiving Scheme

Name and Address of new provider

The Scheme is a Registered Pension Scheme under Chapter 2 Part 4 of the Finance Act 2004

Yes

☐

No

☐

HM Revenue & Customs Registration Number for Scheme

IF THE SCHEME IS NOT REGISTERED THE TRANSFER CANNOT PROCEED.

### Section One - Receiving Scheme Detail (continued)

All schemes please also complete the following:

Please tick the appropriate box to describe the Receiving Scheme type from the following:

1. Fully invested in insurance policies with the provider named above

☐

2. Defined Benefit Scheme

☐

3. Money Purchase other than invested fully in insurance policies

☐

4. Self Administered Money Purchase Scheme

☐

5. Statutory Pension Scheme

☐

**Section Two – Payment Instructions (to be completed by the new pension provider)**

The transfer payment will be made when all our requirements have been met. Before completing the details below, please read the Notes in this section which contain important information.

Please choose a method of payment:

Direct payment to a bank

☐

Cheque

☐

Payee (please see note)

Notes: -

1. For any fully insured pension scheme the Payee MUST be the receiving insurer.
2. For any self-administered scheme the payment MUST be in the name of the Trustees or Scheme Administrator of the specific scheme or to an insurer operating the scheme and paid directly to them.
3. For a statutory scheme the payment MUST be in the name of the specific scheme and paid directly to them.

Name and Address of bank

Account number

Account name

Bank sort code

**Declaration by Receiving Scheme**

I confirm that the above information is correct and agree to the transfer of benefits. I authorise HM Revenue & Customs to provide to the scheme making the transfer confirmation, or otherwise, that the Receiving Scheme is a Registered Scheme.

Signature

Date

Name in capitals

**Section Three – Member Details (to be completed by Mr Nicholas Johnson)**

We recommend that as the transferring member you seek independent financial advice before completing this form.

**Enhanced Protection (see notes on page 5 for details)**

Do you have Enhanced Protection of pension benefits that you built up before 6 April 2006?

Yes

☐

No

☐

If you have answered NO please sign the Declaration below.

If you have answered YES please send us the certificate that was issued by HM Revenue & Customs when you registered for the Protection or enter its Reference Number below.

HMRC Certificate reference number

Please also tick the following box if the statement is true.

I have a current Certificate of Enhanced Protection and I fully understand that my Enhanced Protection against the Lifetime Allowance tax charge may be lost upon transfer. I have determined whether this is the case for my transfer.

☐

**Member Declaration**

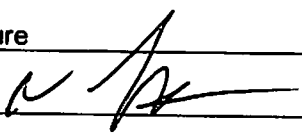
I authorise ReAssure Ltd making the transfer payment to carry out the above instructions.

I/We confirm that all the statements made on this form are both true and complete to the best of my/our knowledge and belief. I/We agree that I/we will be responsible for any reasonable costs, damages or losses, including any legal expenses that ReAssure Ltd ("ReAssure") suffers as a result of any false, misleading or incomplete statements made by me/us or on my/our behalf.

I/We also confirm that if I am/we are not entitled to the proceeds from this policy then I/we will return all of the money to ReAssure. I/We also agree to reimburse ReAssure for any reasonable costs, damages or losses it incurs, including any legal expenses, in recovering this money from me/us.

I also authorise ReAssure Ltd to provide, or obtain from, the new Pension Provider any details needed to complete the transfer.

Signature



Date

16.1.2013



ReAssure

## Transfer Form to a UK Pension Scheme

Name of Transferring Scheme: ReAssure Number Three Personal Pension Scheme  
Type of Policy: Personal Pension Plan  
Policy Number: P113145029  
Policy Owner: Mr Nicholas Dean Johnson  
Date of birth: 22/02/1964  
National Insurance Number: NE306254A

If the National Insurance number shown above appears incorrect or is blank please indicate the correct number on this form.

Please note:

- Sections One and Two of this form are for completion by the receiving scheme provider.
- Section Three of this form is for completion by the transferring member.
- We have enclosed a guide and notes to help you complete this transfer application form.

### Section One – Receiving Scheme Detail (to be completed by the new pension provider)

Name of Receiving Scheme

Name and Address of new provider

The Scheme is a Registered Pension Scheme under Chapter 2 Part 4 of the Finance Act 2004

Yes

☐

No

☐

HM Revenue & Customs Registration Number for Scheme

**IF THE SCHEME IS NOT REGISTERED THE TRANSFER CANNOT PROCEED.**

### Section One – Receiving Scheme Detail (continued)

**All schemes please also complete the following:**

Please tick the appropriate box to describe the Receiving Scheme type from the following:

1. Fully invested in insurance policies with the provider named above

☐

2. Defined Benefit Scheme

☐

3. Money Purchase other than invested fully in insurance policies

☐

4. Self Administered Money Purchase Scheme

☐

5. Statutory Pension Scheme

☐

**Section Two – Payment Instructions (to be completed by the new pension provider)**

The transfer payment will be made when all our requirements have been met. Before completing the details below, please read the Notes in this section which contain important information.

Please choose a method of payment:

Direct payment to a bank

☐

Cheque

☐

Payee (please see note)

Notes: -

1. For any fully insured pension scheme the Payee MUST be the receiving insurer.
2. For any self-administered scheme the payment MUST be in the name of the Trustees or Scheme Administrator of the specific scheme or to an insurer operating the scheme and paid directly to them.
3. For a statutory scheme the payment MUST be in the name of the specific scheme and paid directly to them.

Name and Address of bank

Account number

Account name

Bank sort code

**Declaration by Receiving Scheme**

I confirm that the above information is correct and agree to the transfer of benefits. I authorise HM Revenue & Customs to provide to the scheme making the transfer confirmation, or otherwise, that the Receiving Scheme is a Registered Scheme.

Signature

Date

Name in capitals

**Section Three - Member Details (to be completed by Mr Nicholas Johnson)**

We recommend that as the transferring member you seek independent financial advice before completing this form.

**Enhanced Protection (see notes on page 5 for details)**

Do you have Enhanced Protection of pension benefits that you built up before 6 April 2006?

Yes

☐

No

☒

If you have answered NO please sign the Declaration below.

If you have answered YES please send us the certificate that was issued by HM Revenue & Customs when you registered for the Protection or enter its Reference Number below.

HMRC Certificate reference number

Please also tick the following box if the statement is true.

I have a current Certificate of Enhanced Protection and I fully understand that my Enhanced Protection against the Lifetime Allowance tax charge may be lost upon transfer. I have determined whether this is the case for my transfer.

☐

**Member Declaration**

I authorise ReAssure Ltd making the transfer payment to carry out the above instructions.

I/We confirm that all the statements made on this form are both true and complete to the best of my/our knowledge and belief. I/We agree that I/we will be responsible for any reasonable costs, damages or losses, including any legal expenses that ReAssure Ltd ("ReAssure") suffers as a result of any false, misleading or incomplete statements made by me/us or on my/our behalf.

I/We also confirm that if I am/we are not entitled to the proceeds from this policy then I/we will return all of the money to ReAssure. I/We also agree to reimburse ReAssure for any reasonable costs, damages or losses it incurs, including any legal expenses, in recovering this money from me/us.

I also authorise ReAssure Ltd to provide, or obtain from, the new Pension Provider any details needed to complete the transfer.

Signature

x 

Date

16-1-2013





ReAssure

## Transfer Form to a UK Pension Scheme

Name of Transferring Scheme: ReAssure Number Three Personal Pension Scheme  
Type of Policy: Personal Pension Plan  
Policy Number: P115801322  
Policy Owner: Mr Nicholas Dean Johnson  
Date of birth: 22/02/1964  
National Insurance Number: NE306254A

If the National Insurance number shown above appears incorrect or is blank please indicate the correct number on this form.

Please note:

- Sections One and Two of this form are for completion by the receiving scheme provider.
- Section Three of this form is for completion by the transferring member.
- We have enclosed a guide and notes to help you complete this transfer application form.

### Section One - Receiving Scheme Detail (to be completed by the new pension provider)

Name of Receiving Scheme

Name and Address of new provider

The Scheme is a Registered Pension Scheme under Chapter 2 Part 4 of the Finance Act 2004

Yes

☐

No

☐

HM Revenue & Customs Registration Number for Scheme

IF THE SCHEME IS NOT REGISTERED THE TRANSFER CANNOT PROCEED.

### Section One - Receiving Scheme Detail (continued)

All schemes please also complete the following:

Please tick the appropriate box to describe the Receiving Scheme type from the following:

1. Fully invested in insurance policies with the provider named above

☐

2. Defined Benefit Scheme

☐

3. Money Purchase other than invested fully in insurance policies

☐

4. Self Administered Money Purchase Scheme

☐

5. Statutory Pension Scheme

☐

**Section Two – Payment Instructions (to be completed by the new pension provider)**

The transfer payment will be made when all our requirements have been met. Before completing the details below, please read the Notes in this section which contain important information.

Please choose a method of payment:

Direct payment to a bank

☐

Cheque

☐

Payee (please see note)

Notes: -

1. For any fully insured pension scheme the Payee MUST be the receiving insurer.
2. For any self-administered scheme the payment MUST be in the name of the Trustees or Scheme Administrator of the specific scheme or to an insurer operating the scheme and paid directly to them.
3. For a statutory scheme the payment MUST be in the name of the specific scheme and paid directly to them.

Name and Address of bank

Account number

Account name

Bank sort code

**Declaration by Receiving Scheme**

I confirm that the above information is correct and agree to the transfer of benefits. I authorise HM Revenue & Customs to provide to the scheme making the transfer confirmation, or otherwise, that the Receiving Scheme is a Registered Scheme.

Signature

Date

Name in capitals

9010088/00028355  
MR NICHOLAS DEAN JOHNSON  
345 SOUNDWELL ROAD  
BRISTOL  
BS15 1JN



PAYMENT REFERENCE [REDACTED]  
Scrip Dividend Statement  
and Tax Voucher  
Security Code: [REDACTED]  
November 2012  
Please remember you have a legal  
obligation to keep these records for  
tax purposes.

Record date	Shares held and no. of rights received	Gross value of rights sold to Santander	Spanish withholding tax 21%	Cash due from sale of rights	Unique Reference Number
16 October 2012	100	£11.85	£2.49	£9.36	[REDACTED]

+ Dear MR NICHOLAS DEAN JOHNSON

Under the November 2012 Santander Scrip Dividend Scheme, you received one right for each Santander share you held on the record date. In respect of your choice, or the default that applied to you, **to sell your rights off market to Santander and receive cash**, your rights were sold to Santander at a price of €0.15, or £0.118545, per right. The price was converted at £0.7903 to the euro.

Please find attached your cheque for the cash proceeds of the sale due to you less Spanish withholding tax.

**This sale advice relates only to the rights received in the November 2012 Santander Scrip Dividend Scheme and we have not sold any of your existing shares.**

Details of the Spanish and UK tax treatment of the Santander Scrip Dividend Scheme are provided in the Scrip Dividend Scheme Information Booklet available at [www.santander.com/shareholders/uk](http://www.santander.com/shareholders/uk).

Yours faithfully



Pilar Vega de Seoane (Mrs)  
Director, Santander Shareholder Relations UK

+ [REDACTED] +

## Pay your dividends direct to your account

If you want to receive your Santander share payments directly into your bank / building society account please complete the form on the reverse and return it to your Nominee.

You will receive your payments more quickly if you do.

+ +

Dividends paid by Santander are subject to Spanish withholding tax at the rate of 21% on the gross dividend paid. If you are a UK resident tax payer you may be subject to UK income tax or corporation tax on the gross amount of dividends paid by Santander. Credit will generally be available in respect of the Spanish tax deducted from the dividend payment against your income tax or corporation tax liability. This will be broadly limited to the amount of such tax attributable to the dividends. If you are in any doubt as to your tax position you should contact HM Revenue & Customs or seek professional advice.

Correspondence, including changes of address should be sent to:

Santander Nominee Service

Aspect House

Spencer Road

Lancing

West Sussex

BN99 6DA

United Kingdom

Tel. 0871 384 2000\* (UK)

+44 (0) 121 415 7188 (international)

Email: [shareholders@santander.com](mailto:shareholders@santander.com)

\* Calls are charged at 8p per minute plus network extras. Lines are open from 8.30 a.m. to 5.30 p.m. Monday to Friday (except UK public holidays).

The Santander Nominee Service is sponsored by Santander and operated by Equiniti Financial Services Limited. Equiniti Financial Services Limited is part of the Equiniti group of companies whose registered offices are Aspect House, Spencer Road, Lancing, West Sussex, BN99 6DA, United Kingdom. Equiniti Financial Services Limited is authorised and regulated by the Financial Services Authority. Registered in England and Wales No. 6205699. Banco Santander, S.A. London branch is registered in England No. FC004459 as a branch of Banco Santander, S.A., authorised by the Bank of Spain.

## Direct payments to bank / building society account

### Step 1

Sort Code

3000-086-S

### Step 2

Account Number

### Step 3

Building Society  
Reference or Roll  
Number (if applicable)

### Step 4

All the Registered Holders (or, where applicable, executors or administrators) MUST sign.

Please mark this  
box if signing  
on behalf of the  
shareholders as a  
Power of Attorney  
or other authority.

☐

Signature of first holder

Signature of third holder

Signature of second holder

Signature of fourth holder

Please forward until further notice all distributions that may from time to time become payable to me/us in respect of any shares or stock held in the Company to the nominated bank or building society detailed above or to such other branch of the organisation as the bank or building society may from time to time request. Compliance with the request will discharge the Company's and Nominee Service's liability in respect of such distributions.

Return to: **Santander Nominee Service**, Aspect House, Spencer Road, Lancing, West Sussex, BN99 6DA, United Kingdom.

02287773

2 02157 01



## Current Account

### Branch details

Kingswood, Bristol Branch  
PO Box 205  
90 Regent Street  
Kingswood  
Bristol  
BS99 5AE

~~K20400/02287773/T 501227/02157~~



MR NICHOLAS JOHNSON  
ND & C M JOHNSON  
345 SOUNDWELL ROAD  
BRISTOL  
BS15 1JN

Pre-advice details of charges for this account are enclosed. All charges are deducted automatically; there is no need to send payment.

For Bank use

Account Number ~~20400000000000000000~~

Branch sort code ~~601227~~

National Westminster Bank Plc

ND & C M JOHNSON

## Useful Information

### Online/Telephone Banking

Our Online and Telephone Banking services allow you to transfer money between your accounts with us, pay regular bills, manage Direct Debits and much more. Banks participating in the Faster Payments Service will provide same-day clearing of electronic payments such as bill payments, fund transfers and Standing Orders, providing the amount is within the faster payments limit.\* This means that when you make an online or telephone payment under the scheme, funds will normally be taken from your account and credited to the recipient's account on the same day. Please note that if you have an account that requires notice to be given before a withdrawal can be made, the required notice cannot be given via Online or Telephone Banking. In most cases we require your prior written notice of any withdrawal. Please refer to your account terms and conditions for more information.

\*Please note that in cases where the receiving organisation operates on a collection account basis e.g. credit card accounts or utility companies, funds will not necessarily arrive in the specific account on the same day.

### Mobile Phone Banking

Stay on top of your finances with our mobile phone banking service. This allows you to view a handy mini statement showing your last six transactions or receive a text when you are about to go overdrawn. Standard network charges may apply.

### E-Statements

By switching to paperless statements, you could cut down on clutter and do your bit for the environment. Online statements are easy to set up and use, and allow you to search for transactions and see past statements all in the one place.

To sign up for any of these services please see the useful numbers/website section.

### Need help with your finances?

If you are having trouble managing your personal finances, please contact your branch for a free customer service review. For free impartial guidance to help you understand and manage your money, visit [natwest.com/moneysense](http://natwest.com/moneysense), or pick up a MoneySense brochure in one of our branches. If you are a Business customer, contact your Relationship Manager and you can have a free review to see how we can help your business' finances.

### Important information about compensation arrangements

We are covered by the Financial Services Compensation Scheme (FSCS). The FSCS can pay compensation to depositors if a bank, building society, or credit union is unable to meet its financial obligations. Most depositors – including most individuals and small businesses – are covered by the scheme.

In respect of deposits, an eligible depositor is entitled to claim up to £85,000. For joint accounts each account holder is treated as having a claim in respect of their share so, for a joint account held by two eligible depositors, the maximum amount that could be claimed would be £85,000 each (making a total of £170,000).

The £85,000 limit relates to the combined amount in all the eligible depositor's accounts with the bank, building society or credit union, including their share of any joint account, and not to each separate account.

For further information about the scheme (including the amounts covered and eligibility to claim) please ask at your local branch, refer to the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk) or call 0800 678 1100.

Deposits with National Westminster Bank Plc and deposits in the Saga 4 Year Fixed Rate Bond are covered by a single FSA authorisation. If you hold accounts with National Westminster Bank Plc and have a Saga 4 Year Fixed Rate Bond, the £85,000 limit relates to the combined amount in these accounts.

### Dispute Resolution

If you have a problem with your agreement, please try to resolve it with us in the first instance. If you are not happy with the way in which we have handled your complaint or the result, you may be able to complain to the Financial Ombudsman Service. If you do not take up your problem with us first you will not be entitled to complain to the Ombudsman. We can provide details of how to contact the Ombudsman.

National Westminster Bank Plc. Registered in England and Wales No. 929027. Registered Office: 135 Bishopsgate, London EC2M 3UR.

Authorised and regulated by the Financial Services Authority. No. 121878. VAT Registration number GB 243-8527-52.

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### Useful Contact Numbers and Website Addresses



24hr Lost/Stolen Cards  
0870 6000 459  
(If possible please have your card number ready)

24hr Telephone  
Banking "Actionline"  
0845 788 8444

To register for Telephone  
Banking 0800 88 11 77

24hr Business Telephone  
Banking "Businessline"  
0845 711 44 77



To register for Online  
Banking, visit  
[natwest.com/demo](http://natwest.com/demo)

To apply for Mobile  
Phone Banking visit  
[natwest.com/mobile](http://natwest.com/mobile)  
or call 0808 168 2959

For more information  
about switching off your  
paper statements, visit  
[natwest.com/paperless](http://natwest.com/paperless)

Minicom Users 0845 900 5961

Calls may be recorded.

Information correct at time of printing.

DOC 74150 REV 06/11