

TRANSFER DECLARATION

To: Gist Limited Pension Scheme

Member's Full Name: Mr P A Clayton

Name of Receiving Arrangement:

We confirm that the Receiving Arrangement is (Please tick one)

- ☐ an occupational pension scheme of which we are the Trustees or Managers and we make the statements in Sections A and D below.
- ☐ a personal pension scheme of which we are the Administrator and we make the statements in Sections B and D below
- ☐ a buy-out policy of which we are the issuing Insurance Company and we make the statements in Sections C and D below

Section A: Occupational Pension Scheme

1. The Receiving Arrangement is a registered scheme with HM Revenue and Customs under Chapter 2, Part 4 of Finance Act 2004 Tax reference:
2. The Member has joined as a full member of the Receiving Arrangement.
3. The Member's employment IS / IS NOT contracted-out by reference to the Receiving Arrangement. GMP liabilities and Section 9(2B) rights CAN / CANNOT be transferred.
4. The following applies (if transfer can include GMP/Section 9(2B) rights):
SCON: ECON:
Date Contracted-Out Employment Began:
Method of Contracting-Out: Money Purchase / Salary Related
Revaluation Method for Transferred-in GMPs:
5. Only that part of the transfer payment attributable to the Member's own contributions (including any interest) will be treated as contributed by the Member under the Receiving Arrangement or any other pension arrangement to which an onward transfer is made.
6. The transfer payment will be paid into an account in the name of the Trustees or Managers of the Receiving Arrangement:

Account Name:.....

Sort Code:.....

Account Number:.....

Section B: Personal Pension Scheme

1. The Receiving Arrangement is a registered scheme with HM Revenue and Customs under Chapter 2, Part 4 of Finance Act 2004 Tax reference:
2. An appropriate scheme certificate IS / IS NOT in force for the Receiving Arrangement (ASCN:).
3. The Member will be a member of the Receiving Arrangement.
4. If the transfer payment includes an amount attributable to accrued GMP and Section 9(2B) rights, that amount will be used to acquire protected rights (as defined in Section 10 of the Pension Schemes Act 1993).
5. The transfer payment will be paid into an account of the Administrator of the Receiving Arrangement:

Account Name:.....

Sort Code:.....

Account Number:.....

.....

Section C: Buy Out Policies

1. In consideration of a transfer payment from the Scheme, we will issue to the Member an annuity policy for the benefit of the Member and/or the Member's dependants.
2. The main object of the policy will be the provision for the Member of a life annuity in old age.
3. The policy will be an appropriate policy within the meaning of section 19 of the Pension Schemes Act 1993.
4. If GMPs are being transferred, we wish to use the following method of revaluation.: SECTION 21 ORDERS / FIXED RATE.
5. The transfer payment should be payable to the Insurance Company.

Account Name:.....

Sort Code:.....

Account Number:.....

4. **Return of the Gist Leaving Statement issued to you upon leaving BOC (If the Member's Leaving Statement has been lost or destroyed please forward a copy of your Birth Certificate and your confirmation in writing that this Statement can not be supplied).**
5. **A copy of the HMRC Scheme Registration letter for the receiving Scheme.**

Please note that it is our policy not to complete or sign the receiving arrangement's documentation issued in connection with a transfer of benefits. Our own forms, in combination with the Request for Transfer form signed by the member, satisfy the requirements of the HMRC.

Payment of the transfer value will only be made upon receipt of all relevant documentation.

Yours faithfully



Simon Holloman
Senior Pensions Administrator
Phone 01483 244401

Section D: All Receiving Arrangements

1. We confirm that the above statements are true and complete.
2. We confirm that we and the Receiving Arrangement will comply with all legislation governing the receipt and application of the transfer payment and that any relevant prescribed requirements referred to in Section 95 of the Pension Schemes Act 1993 will be satisfied.
3. We agree to indemnify the Trustee of the transferring scheme against all liabilities, costs and expenses (but including legal fees only if previously authorised by us) that they may suffer or incur as a direct or indirect result of any breach of the above warranties and undertakings, except that such a breach results from reliance upon written statements given to us by the Trustee or the authorised representative which neither we nor the Member could reasonably be expected to verify.

Signed NAME:

TITLE:
For the Trustees/Managers/Administrator/Insurance
Company of the Receiving Arrangement

SIGNATURE:

Office Stamp of the Receiving
Arrangement

REQUEST FOR A TRANSFER

To: Gist Limited Pension Scheme (the Scheme)

Member's Full Name: Mr P A Clayton

Name of Receiving Arrangement:

Type of Receiving Arrangement: (Please tick one)

☐ an occupational pension scheme of your new employer.

☐ a personal pension scheme
Name of Administrator.....

☐ a buy-out policy
Name of Insurance Company.....

Address of Receiving Arrangement:

.....

.....

Is the Receiving Arrangement able to accept a transfer of
guaranteed minimum pensions (GMPs) and/or Section 9(2B)
rights accrued whilst you have been contracted-out of the State
Scheme ? YES / NO *

You may split the transfer amount between two or more Receiving
Arrangements, but must then complete a separate request for each.

Do you wish to split your transfer amount ? YES / NO *

If so:

How many other requests are you making ?

Does the request in this form include GMP/Section 9(2B)
rights? YES / NO *

What share is covered by this request ? %

* Delete as appropriate

[see over]

TERMS OF TRANSFER

I request that a transfer payment be made from the Scheme as indicated.

If more than one transfer payment is being made, I agree to any such adjustments to the split as the Trustees of the Scheme may think necessary and appropriate for one payment to cover all accrued GMPs and section 9(2B) rights (unless they are excluded) and for the aggregate payments to be equal to the total transfer value amount available.

I understand that the total transfer payment(s) will include the cash equivalent of all benefits otherwise payable under the Scheme to me and my family and dependants (except accrued GMPs or Section 9(2B) rights if a Receiving Arrangement is not accepting liability for them).

I confirm that I have received a statement from the Receiving Arrangement showing the benefits to be awarded in respect of the transfer payment, and I accept that:

- (a) the benefits to be provided by the Receiving Arrangement may be in a different form and of a different amount to those which would have been payable by the Gist Limited Pension Scheme, and
- (b) there is no statutory requirement on the Receiving Arrangement to provide for survivor's benefits out of the transfer payment.

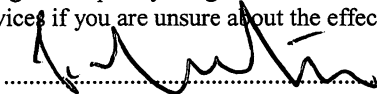
I understand that the benefits provided by the Receiving Arrangement will be taken into account in calculating the overall value of my benefits for the purpose of the Lifetime Allowance.

I confirm that this request is made of my own choice and that neither the Trustee of the Scheme nor any employers which have participated in the Scheme are in any way responsible for any representation or advice given by any provider, administrator, broker, consultant or other person in relation to this or any other Receiving Arrangement.

I understand that, after the transfer payment(s) have been made, neither I nor my family or dependants will have any entitlements under the Scheme by reason of my membership and I shall indemnify the Trustee against any claims which may then be made arising from my membership or in connection with the transfer payment to the Receiving Arrangement (except that the Scheme may still be liable for GMPs or Section 9(2B) rights if they are excluded from the present transfer(s) and are not the subject of subsequent transfers).

IMPORTANT: By signing this request you agree to the terms set out above. Please read them carefully. Contact BOC Pension Services if you are unsure about the effect of making the transfer.

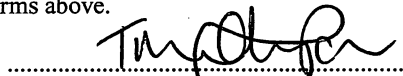
Member's Signature:



EITHER

I, the Member's spouse, agree to the Trustee of the Scheme making the transfer requested above and I agree to the terms above.

Spouse's Signature:



Date:

26-1-15

OR

I certify that	*	I do not have a spouse	Delete as appropriate
	*	My spouse and I do not ordinarily reside together.	

Member's Signature:

Date:

.....

.....

TRANSFER PAYMENT FROM Gist Limited Pension Scheme EQUALISATION DECLARATION

To the Trustees of :

Transferring Member: Mr P A Clayton

We confirm that:

- (i) The benefits to which the Transferring Member and those claiming through the Transferring Member are entitled under the Gist Limited Pension Scheme by virtue of period(s) of active membership comply with the equal treatment requirements of Pensions Act 1995 except in relation to an entitlement to Guaranteed Minimum Pensions under contracting-out legislation;
- (ii) The transfer payment in respect of the Transferring Member does not include an amount attributable to a transfer payment received by the Gist Limited Pension Scheme relating to a previous employment since 17th May 1990.
- (iii) The transfer payment has been calculated on the basis of actuarial factors which comply with the equal treatment requirements of Pensions Act 1995.



Signature:
Authorised to sign on behalf of the Trustee
of the Gist Limited Pension Scheme

Name and Position: Simon Holloman
Senior Pensions Administrator

Date: 21/01/2015

* Delete as applicable

Gist Limited Pension Scheme

PROPOSAL FOR A TRANSFER PAYMENT

Name of Member: Mr P A Clayton

Receiving Arrangement:

(Likely) Amount of Transfer Payment: £53019.23

The making of the transfer payment shall be conditional upon the attached Transfer Declaration being signed and returned to the Trustee.

The Trustee confirms that, to the best of its knowledge and belief, the information supplied in writing on its behalf to the persons who are to sign the Transfer Declaration, concerning the Scheme and the Member's position under the Scheme, is accurate and not misleading.

The Trustee also confirms that the Plan is a registered scheme with HM Revenue and Customs under Chapter II, Part 4 of Finance Act 2004 and that (to the extent that the transfer payment is to be paid otherwise than as a result of the Member exercising a right under Chapter IV Part IV Pensions Schemes Act 1993) the Plan authorises the Trustee to make the transfer payment subject as mentioned above.

Signed for and on behalf of the Trustee:



Simon Holloman
Senior Pensions Administrator

Date: 21/01/2015

Date: 21/01/2015
Our Ref.: SH/LLSTgist
Your Ref.: NE326998C

BOC Pension Services

The Priestley Centre
10 Priestley Road
The Surrey Research Park
Guildford
Surrey GU2 7XY
Tel: (01483) 579857
Fax: (01483) 244739
email: pensions.uk@boc.com
website: www.bocpensions.co.uk

Mr P A Clayton
25 Park Road
Melksham
Wiltshire
SN12 6WG

Dear Mr Clayton

GIST LIMITED PENSION SCHEME ("The Scheme")

I enclose an Information Pack which gives details of the benefits and options which are available to you on leaving the Scheme. The Pack also contains a Claim Form for your future use. Please keep the Pack and its contents safely.

You will receive an annual deferred pension Statement which will include information about the value of your pension from the Scheme as well as information about your State pension.

The information about your State pension comes from the DWP by the same method used when you were an active member of the Scheme. If you now object to us giving the DWP the information about you, (in order to receive the annual data) then you can advise us in writing at any time and the annual Statement that you receive from us will not include your State pension forecast information.

Every effort is made to check the calculations that underlie this statement, but if there is any error in it please note that this statement does not itself confer any legal rights on you to the benefits set out in it. Your actual benefit rights can be conferred only by the Scheme's Trust Deed and Rules, and in the event of any discrepancy it is the benefits due to you under the Trust Deed and Rules that will prevail.

If you have any queries, please contact me on the number shown below.

Yours sincerely



Simon Holloman
Senior Pensions Administrator
Phone 01483 244401

NOTES FOR A NON-DIVORCE

This transfer value quotation is guaranteed for three months from the statement date shown overleaf. Should the member wish to take the transfer value quoted overleaf, then a written application must be submitted within three months of the statement date.

This transfer value quotation is for the purpose of transferring benefits to another pension arrangement. The member should take legal advice before using it in other circumstances, for instance in a divorce settlement.

NOTE FOR A DIVORCE CASE

This transfer value is for divorce purposes and is not guaranteed.

ADDITIONAL INFORMATION

The BOC Pension Scheme is a registered scheme with HM Revenue & Customs (HMRC) under Chapter 2 of Part 4 of the Finance Act 2004 (Tax reference 00243305RZ). Contributory members of the Scheme were in contracted-out employment under section 9 (2) of Pensions Act 1993 during the year for the purpose of the State Second Pension provision, under Certificate numbers E3800264Y and S0224094Y.

The Scheme Rules provide for the increase of deferred pensions in excess of the GMP to be based on the 'Revaluation Order' in force at the time payment commences, for leavers or increases from 1 June 1990. Broadly this means that this portion of the pension will be increased by the lesser of A) the movement in the Retail Prices Index, and B) 5% per annum compound for benefits accrued up to 05/04/2009, and 2.5% for benefits accrued from 06/04/2009. Until 31/05/1990, increases to excess pensions were at a fixed rate of 3% per annum compound.

Pensions receive guaranteed increases when in payment. Broadly, pension in excess of pre 06/04/1988 GMP is guaranteed to increase in line with prices to a maximum of 6% p.a. compound; for leavers after 31/03/1997 the pre 06/04/1988 GMP pension receives this guarantee also.

A dependant will normally include the legal spouse or, if such a person does not exist, another financially dependent adult residing for 2 years with the member (and not eligible for the child benefit below).

If the former member dies and leaves children under age 16 (or 23 if in full time education), a children's allowance would be payable for up to 4 qualifying children.

Under the Scheme, any tax free lump sum at retirement is provided by commutation of pension.

GENERAL NOTE

All benefits are quoted subject to the Rules of the BOC Pension Scheme. Further information about the Scheme can be found on our website: www.bocpensions.co.uk. Enquiries should be addressed to BOC Pension Services, The Priestley Centre, 10 Priestley Road, The Surrey Research Park, Guildford, GU2 7XY.

Gist Limited Pension Scheme

STATEMENT OF BENEFITS

Member's Name:	Mr P A Clayton	N.I. Number:	NE326998C
Date of Birth:	20/08/1964	Normal Retirement Date:	20/08/2029
Date Joined Company:	01/04/2011	Date Joined Scheme:	01/04/2011
Date of Leaving Service:	31/10/2014	Statement Date:	21/01/2015

BENEFIT ENTITLEMENT

1.	Member's total deferred pension at date of leaving service (p.a.)	£ 3268.54
2.	Member's tax free cash sum at date of leaving	£ 9663.99
3.	Spouse's total pension at date of leaving service (p.a.)	£ 1776.54
4.	Guaranteed Minimum Pension (GMP) at date of leaving service	- pre 06/04/1988 (p.a.) £ 0.00
		- post 06/04/1988 (p.a.) £ 0.00
5.	EPB included in deferred pension (1.) (p.a.)	£ 0.00
6.	Member's total contributions	£ 13933.22

TRANSFER VALUE/CASH EQUIVALENT

7.	Pre 06/04/1997 GMP Value included in Transfer Value	£ 0.00
8.	Post 05/04/1997 Rights included in Transfer Value	£ 53019.23
9.	Member's AVCs included in Transfer Value	£ 0.00
10.	Total Transfer Value	£ 53019.23

This page must be read in conjunction with the notes below and on page 2

NOTES

It is recommended that you seek financial advice before making any decision about transfers. If you do not currently have contact with an Independent Financial Adviser, you may obtain details of those local to you at www.unbiased.co.uk, or by telephoning 0800 085 3250.

You can obtain further information from the following agencies which may assist you in making any decision to transfer to an alternative arrangement:

The Financial Services Authority (FSA), telephone: 0845 606 1234, website: www.moneyadeclear.fsa.gov.uk
The Pensions Advisory Services (TPAS), telephone: 0845 601 2923, website: www.pensionsadvisoryservice.org.uk
The Pensions Regulator (TPR), telephone: 0870 606 3636, website: www.thepensionsregulator.gov.uk

Members have no legal right to receive another statement of entitlement within 12 months of the last request. The trustees may impose a charge if any such request is made within this 12 month period.

The transfer value quoted has not been reduced and represents the full value of the benefit entitlement. However, it may be reduced in exceptional circumstances. Members will be informed if this is the case. The Trustee does not foresee any such circumstances arising in the near future.

Please note that The BOC Pension Scheme is eligible for the protection of the Pension Protection Fund (PPF). The PPF is a statutory fund run by a statutory board established by the Pension Act 2004. The PPF's main function is to provide compensation to members of eligible pension schemes in certain circumstances relating to the insolvency of an employer. Compensation may be payable in such circumstances if there were not enough assets in the pension scheme to provide a certain level of benefits. This protection may not be available if benefits are transferred to a scheme that is not covered by the PPF.

LEAVING STATEMENT

Member Name:	Mr P A Clayton	Pensionable Earnings:	54729.11	p.a.
National Insurance No:	NE326998C	Pensionable Service:		
Date of Birth:	20/08/1964	Level 1 (100ths) :	0 yrs	0 mths
Normal Payment Date:	21/08/2029	Level 2 (60ths) :	3 yrs	7 mths
Date of Joining Scheme :	01/04/2011			
Date of Leaving Scheme:	31/10/2014			

If any of the above personal details are incorrect, please contact BOC Pensions at the address below.

Preserved Benefits

The following benefits are preserved for you in the Gist Limited Pension Scheme. **The amounts shown are in today's money but will have been increased by the time of your retirement to help protect the value of the benefits against the effects of inflation.**

On retirement

Your deferred pension at the normal payment date above is:	£	3268.54	p.a.
This includes your Guaranteed Minimum Pension of:	£	0.00	p.a.
Rate of "Value Protection" before State Pension Age on your Guaranteed Minimum Pension is:		4.75%	p.a.

On death before or after retirement

A Recognised Dependant pension of: (A lump sum would be payable if less than 5 years' payments of your pension had been made by the time of your death and no dependant's pension was due.)	£	1776.54	p.a.
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A pension for each qualifying child (maximum four) of:	£	444.14	p.a.
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LIFETIME ALLOWANCE (LTA)

Value of Gist Scheme benefits at date of leaving	£	65370.80
Percentage of LTA at date of leaving	5.22	%

Transfer Value (AVAILABLE ON REQUEST)

As an alternative to your preserved benefits above, a transfer value can be paid to another pension arrangement. This takes the form of a capital sum representing the value of these benefits. The amount depends on financial conditions.

This statement should be read in conjunction with the information in your Scheme booklet and the leaver's pack.

Prepared by: *Monica Coleman* Checked: *J. Keen* Date: 21/1/2015



Deferred Benefit Claim Form

This form is for notifying BOC Pension Services about what you would like to do with your deferred benefits. It can also be used by your dependants to claim any benefits payable in the event of your death before your benefits are taken.

Please complete the relevant sections of this form, sign, date and return it to: BOC Pension Services, The Priestley Centre, 10 Priestley Road, The Surrey Research Park, Guildford, Surrey GU2 7XY.

Section 1: Personal details (please use block capitals)

Surname:	<input type="text"/>	Title (e.g. Mr, Mrs, Dr):	<input type="text"/>								
Forename(s):	<input type="text"/>	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>								
National Insurance number:	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Marital status:	<input type="text"/>										
Address:	<input type="text"/>										

Section 2: Transferring benefits

I wish to consider transferring my benefits to the pension arrangement named below. Please send transfer details to my new pension provider. (If you are using a financial adviser, please enter the name of the adviser instead.)

Name of new pension arrangement/financial adviser:	<input type="text"/>		
Contact name or reference:	<input type="text"/>	Telephone:	<input type="text"/>
Address:	<input type="text"/>		

Section 3: Retiring before Normal Retirement Age

I wish to apply for my benefits before Normal Retirement Age on the grounds of:

(Tick one box only)

Early retirement (I am age 55 or over)

☐

Ill-health retirement (satisfactory medical evidence will be required)

☐

Section 4: Taking a refund of my contributions

(Tick box)

I would like to take a refund of my contributions from the Gist Scheme (less tax).

☐

Note: You can only choose this option if you have between three months' and two years' Gist Pensionable Service and you are not in Salary Exchange.

Section 5: Death of member before Normal Retirement Age

The member died on:

I understand the next of kin is:

Relationship of the next of kin to deceased member:

Address:

Section 6: Authorisation

Signature of person completing form:

Date:

Relationship to member (if not the member):

Contact details

BOC Pension Services
The Priestley Centre
10 Priestley Road
The Surrey Research Park
Guildford
Surrey GU2 7XY

Helpline: 0800 096 3214 (BOC TEL 750 4745)
Fax: 01483 244 739
Email: pensions.uk@boc.com
Website: www.bocpensions.co.uk



Issue 1 – June 2011

Date: 21/01/2015
Our Ref: SH/LTRD

Mr P A Clayton
25 Park Road
Melksham
Wiltshire
SN12 6WG

BOC Pension Services

The Priestley Centre
10 Priestley Road
The Surrey Research Park
Guildford
Surrey GU2 7XY
Tel: (01483) 579857
Fax: (01483) 244739
email: pensions.uk@boc.com
website: www.bocpensions.co.uk

Dear Mr Clayton

Transfer of Benefits

Re: Mr P A Clayton
NI No.: NE326998C
ECON: E3800264Y
SCON: S2804819H

We note that you wish to consider the Transfer of benefits from the Gist Limited Pension Scheme. A form giving details of the capital sum available for transfer and brief details of the benefits from, and membership of, the Gist Limited Pension Scheme is attached, together with relevant notes and appropriate certification.

Please pass this letter to the proposed receiving arrangement.

Gist Limited Pension Scheme is a registered scheme with HM Revenue & Customs (HMRC) under Chapter 2 of Part 4 of the Finance Act 2004 (Tax reference 00243305RZ) Contributory members of the Scheme were in contracted-out employment under section 9 (2) of Pensions Act 1993 during the year for the purpose of the State Second Pension provision, under Certificate numbers E3800264Y and S2804819H.

Gist Limited Pension Scheme uses an equalised GMP and believes that the basis applied would satisfy the requirements of any further legislation on this issue. The transfer value reflects the equalisation measures taken for GMP.

Retirement ages for the Gist Limited Pension Scheme have been equalised and comply with the equalisation requirements of the Pensions Act 1995 and its relevant regulations. Our signed Declaration is enclosed which we trust will be acceptable to the provider of the new pension arrangement.

If the transfer is to proceed we shall require the following:

1. Request for a Transfer: to be completed and signed by you; the signature of your spouse (if applicable) is also required.
2. Transfer Declaration: to be completed and signed on behalf of the provider of the new arrangement, e.g. the Insurance Company.
3. Proposal Form: to be signed by ourselves and sent to the provider of the new arrangement upon completion. A specimen is attached for information.