

**Benefit Crystallisation Event
Member Questionnaire**

Scheme Name: Carlton James Retirement Fund

Member Name: Beverley Barnett

Please accept this as my written request to take benefits from the above scheme and confirmation of information in respect of this Benefit Crystallisation Event:

Required Benefits

1. ~~I wish to draw all of my fund in Tax Free Cash and Income~~
2. ~~I wish to vest segments and take as Tax Free Cash and Income~~
3. I wish to vest sufficient funds to provide a Tax Free Cash amount of £9,000.00
4. ~~I wish to vest sufficient funds to provide an annual Income amount of £~~

Other (please detail)

Will this be your first Benefit Crystallisation Event occurring on or after 06 April 2006 (under any Registered Pension Scheme ?

Yes
No ☒

If 'No', what was the date of your first Benefit Crystallisation Event occurring on or after 06 April 2006

Date: _____

What is the percentage of the SLA used up under those earlier Benefit Crystallisation Events that occurred under any other Registered Pension Scheme you are (or were) a member of, as recorded on your latest scheme statement(s). Copy statement(s) **MUST** be attached.

Name of Registered Pension Scheme
% SLA

Signed: 

Date: 07 / 24 / 2023

Trustee Payment Instruction to Registered Scheme Administrator Limited

Outward Payment Instruction for Faster Payments

1. SCHEME DETAILS

Scheme Name

Carlton James Retirement Fund

Account Number

00001096

2. PAYMENT DETAILS

Date to be actioned

Amount
(GBP)

£ 9,000.00

Amount in
Words

Nine Thousand Pounds only

3. BENEFICIARY

Beneficiary
Name

Beverley Barnett

Beneficiary
Sort Code

09 - 01 - 29

Beneficiary Account Number

85739073

Payment Reference

PCLS Payment


4. PURPOSE OF TRANSACTION - Description

PCLS Payment.

We authorise the scheme administrator to make the payment on the date stated on this form in accordance with the following authorised account signatures.

5. TRUSTEE SIGNATURE

1st Signatory



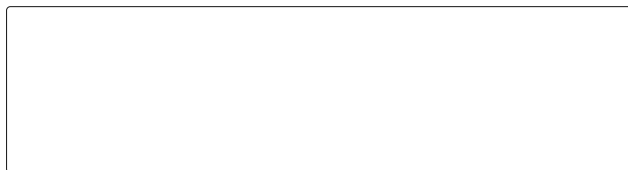
Name

Beverley Barnett

Date

07 / 24 / 2023

2nd Signatory - if applicable



Name



Date



Title	B.Barnett - PCLS Payment Form
File name	B.Barnett - Payment Form (1).pdf
Document ID	02f85661051d5520ff73e77275527a12686f015a
Audit trail date format	MM / DD / YYYY
Status	● Signed

Document History



SENT

07 / 24 / 2023

09:06:28 UTC

Sent for signature to Beverley Barnett
(bbarnettuk1@hotmail.com) from georgia@carltonjames.co.uk
IP: 188.29.193.7



VIEWED

07 / 24 / 2023

13:48:16 UTC

Viewed by Beverley Barnett (bbarnettuk1@hotmail.com)
IP: 82.132.246.98



SIGNED

07 / 24 / 2023

13:49:29 UTC

Signed by Beverley Barnett (bbarnettuk1@hotmail.com)
IP: 82.132.246.98



COMPLETED

07 / 24 / 2023

13:49:29 UTC

The document has been completed.