



13th April 2013

Brad Davis
Pension Practitioner.Com
Daws House
33-35 Daws Lane
London NW7 4SD

Dear Brad,

RE: CHARLCOMBE HOMES PENSION FUND

Further to my recent letter I enclose the following:

1. Receiving Arrangement Declaration for completion by you.
2. Transfer Option Form, which I have duly completed.
3. Application to the Trustees of the Connells Limited Pension & Life Assurance Scheme, which I have completed.

Once the scheme is set up I would be grateful if you could complete the receiving arrangement declaration and then forward all of the information to:

PennySlade
Senior Client Service Associate
Pearson Jones plc
Clayton Wood Close
West Park Ring Road
Leeds LS16 6QE



April 12, 2013

Please let me know if you need anything further from me.

Kind Regards.

Yours sincerely,

A handwritten signature in black ink, appearing to read "AJL Gibson", is positioned below the "Yours sincerely," text.

AJL Gibson, BSc MRICS
Managing Director

Enc

RECEIVING ARRANGEMENT DECLARATION

1. Name of receiving arrangement

.....
.....

2. Contract Type

.....
(Personal Pension S32/Occupational/Money Purchase/Final Salary)

3. Address of receiving scheme

.....

4. Is the arrangement contracted-out of SERPS/S2P

.....

5. For Occupational Schemes Only

Contracted-out on which basis (RST/Protected Rights)

SCON..... ECON.....

Date contracted-out commenced under the receiving arrangement.....

Revaluation rate to be applied to any transferred GMP; fixed rate/section 148

6. For Personal Pensions Only

ACON.....

Is the member actively contributing.....

7. IR reference no.....

8. We confirm and declare that the receiving arrangement is a tax advantage arrangement as set out in Paragraph 10.23 of the HM Revenue & Customs Practice Notes and is approved on the date of signed Declaration where the receiving arrangement is a Self Administered Pension Scheme. We give permission authorising HM Revenue & Customs to give the scheme making the transfer confirmation, or otherwise, that the receiving arrangement is/is not a tax proved large Self Administered Scheme.

A signatory hereby declares that he or she has full power to give this Declaration on behalf of the receiving arrangement.

9. The receiving arrangement warrants the information given above is the best of its knowledge and believe complete and correct.

Date.....

Signed.....

For and behalf of the receiving arrangement by

..... (title)

Pension\Standard\Receiving Arrangement Declaration

TRANSFER OPTION

FORM FOR SIGNATURE BY THE MEMBER

To: The Trustees of the Connells Limited Pension & Life Assurance Scheme

Member's Full Name: ALAN STAIR JOHN LEIGHT GIBSON

Cash Equivalent: £ 78,419.08

Full name of receiving scheme to which
cash equivalent is to be transferred
("the Receiving Scheme"):

I require the Trustees of the Scheme to transfer the cash equivalent of my accrued benefits under the Scheme to the Receiving Scheme.

I confirm that:

- (1) I have been accepted as a member of the Receiving Scheme.
- (2) The Administrator of the Receiving Scheme has agreed to accept the transfer and I have agreed with them the basis upon which benefits will be provided under the Receiving Scheme in consequence of the transfer.
- (3) The Financial Services Authority guidelines on transfers have been explained to me and the provisions of the company scheme were taken into account before I made a decision to transfer.

I acknowledge that in complying with my requirements the Trustees will be fully discharged from any liability to provide benefits under the Scheme to which the cash equivalent related.

Signature of Member:

[Signature]

Signature of Member's Spouse:

[Signature]

Member's Full Name:

ALAN STAIR JOHN LEIGHT GIBSON

Address:

17 HAZARD
RICHMOND 18 10 11
BATH
BRI 5 2 1

Date:

12.4.2013

**TO THE TRUSTEES OF THE
CONNELLS LIMITED PENSION & LIFE ASSURANCE SCHEME**

I wish to apply the whole of my cash equivalent under the above Scheme in payment to scheme mentioned below:

Name Pension Scheme: CHARLUMBE HOMES PENSION FUND

(OR)

I wish to apply the whole of my cash equivalent under the above Scheme in payment to the insurance company mentioned below on the basis of the proposal/quotation described below (and of which a copy is attached).

Name of Insurance Company:

Date and reference of Proposal/Quotation
(of which a copy is attached):

Signature:



Full Name (Block letters):

ALASTAIR JOHN LEITCH GIBSON

Present Address:

ASHDOWN
RICHMOND HEATH
BATH
BA1 5QT

Date:

12.4.2013

NOTE: Following application of the cash equivalent neither the member nor the spouse or dependants will have any further entitlement under the above Scheme.