

Transfer Out Form

Form reference H117

Complete this form if you want to transfer all or part of your Hornbuckle plan to a UK registered pension scheme.

You must complete sections 1 to 4 and the Appendix.

The administrator / provider of the receiving scheme must complete section 5.

If you are receiving a pension income from your Hornbuckle plan we will stop income payments as soon as possible once we receive this form.

Quick actions:

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1. Member details

Forename(s)

Sandra

Surname

Dowker

Date of birth

2 1 1 0 6 1

Hornbuckle plan number

DW685215

Email

2. Transfer details

2.1 Receiving Scheme Details

Plan/Member reference

COUNTRY FRESH FOODS SSAS

Scheme administrator/provider

Pension Practitioner

Postcode

NW7 4SD BL1 4AP

Scheme name

Country Fresh Foods SSAS

Address

~~Daws House~~ 48 CHORLEY NEW RD
~~33-35 Daws Lane~~ BOLTON
~~London~~

2.2 Transfer options

Are you making a full or partial transfer from your Hornbuckle plan?

Full

☒

Partial

☐

Will the transfer be in cash only, or include the transfer of assets?

Cash only

☐

Cash and assets

☒

How would you like us to transfer any cash amount held in your Hornbuckle plan to the receiving scheme?

CHAPS

☐

BACS

☒

For Bank of Scotland accounts only, any payment will be made by Faster Payments Service (FPS). This is free of charge and takes one working day.

If you require us to sell any or all of the investments held in your Hornbuckle plan (to make a cash transfer), you will need to complete a copy of H114 Investment Sale Form.

If you require us to sell a property held in your Hornbuckle plan you will need to complete a copy of H303 Property Sale Form.

3. Reason for transfer

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Please tell us your primary reason for transferring your pension benefits to another pension provider

Simpler requirements

☐

Require greater
investment flexibility

☐

Annuity purchase

☐

Cost

☐

Service

☐

None of the above

☒

4. Member declarations

Please accept this as my instruction to transfer the benefits of my Hornbuckle plan to the scheme detailed in section 2.1 of this form. I declare that the scheme named in section 2.1 of this form is a registered pension scheme for the purposes of Chapter 2 of Part 4 of the Finance Act 2004.

I agree to indemnify The Hornbuckle Mitchell Group Limited and Hornbuckle Mitchell Trustees Limited against any tax charge, penalty or other loss in the event that the scheme named in section 2.1 of this form is not a registered pension scheme.

I acknowledge that the administrator / provider of the receiving scheme has confirmed that they can accept the assets to be transferred to them as detailed in the Appendix to this form.

I acknowledge and agree that the transfer of the benefits of my Hornbuckle plan is subject to the deduction of the fees set out in the Fee Schedule for the plan.

I authorise The Hornbuckle Mitchell Group Limited to share any information about my Hornbuckle plan with the administrator / provider of the receiving scheme in relation to the transfer of my benefits.

I authorise Hornbuckle Mitchell Trustees Limited and the Bank of Scotland / Cater Allen Private Bank / Butterfield Private Bank to close my plan bank account and transfer the remaining cash balance to the account detailed in section 5.2 once so instructed by The Hornbuckle Mitchell Group Limited

Member signature

S. Dowker

Print name

Sandra Dowker

Date

23 07 17

5. Receiving scheme details

5.1 Basic scheme details

Administrator/Provider name

Pension Practitioner

Plan/Member reference

COUNTRY FRESH FOODS SSAS

Address

~~Daws House~~ 48 CHORLEY NEW ROAD
~~33-35 Daws Lane~~ BOLTON
London

PSTR number

00834979RB

Postcode

~~NW7 4SD~~ BL1 4AP

Contact name

Emily McAlister or EMMA DANE

Telephone number

0800 634 4862

Scheme name

Country Fresh Foods SSAS

Email

Emilym@pensionpractitioner.com
emmad@pensionpractitioner.com

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Hornbuckle

5. Receiving scheme details

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5.2 Bank account details

Bank

ALLIED IRISH BANK (GB)

Sort code

2 3 8 3 9 6

Account number

04919088

Account name

COUNTRY FRESH FOODS SSAS

5.3 Receiving scheme declaration

** Please use the member name as a Payment Ref: **

I declare that the scheme detailed in section 4.1 above is a registered pension scheme for the purposes of Chapter 2 of Part 4 of the Finance Act 2004.

I acknowledge that we can accept the assets to be transferred to the receiving scheme as detailed in the Appendix to this form.

Signature



Print name

EMMA DANE

Position

SENIOR ADMINISTRATOR

Date

1 3 1 2 1 7

Checklist

Before submitting this form please make sure:

☐ You have completed all of the relevant sections of the form.

☐ Completed the Appendix to this form with details of the assets in your Hornbuckle plan that you want us to retain, sell or transfer to the receiving scheme.

☐ You have read and understood the guidance on completing the form contained in H117G Transfer Out Form guidance.

☐ You have attached a completed H114 Investment Sale form in relation to any investments you want us to sell in order to make a cash transfer.

☐ You have attached a completed H303 Property Sale Form if you want us to sell a property held in your Hornbuckle plan.

☐ The administrator / provider of the receiving scheme has completed section 5 of the form.

Where to send

Hornbuckle, Tyman House, 42 Regent Road
Leicester LE1 6YJ

Get in touch

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