



CORRIGAN & CO Ltd.

accounting | taxation | consulting

Eamonn Corrigan BA (Hons) ACMA, CGMA
Managing Director
Clare Jones BA (Hons) FCCA
Manager

t: 028 6632 9255
w: www.corriganandco.com

Registered Office
Unit 9 Enniskillen Business Centre
21 Lackaghboy Road
Enniskillen
Co. Fermanagh
N. Ireland
BT74 4RL

Company Number – NI 063902
VAT No – GB 778 3290 88

Our Ref: //EC/PMC
Your Ref:
Date: 1st Septmeber 2016

Brad Davis
Pension Practioner
Daws House
33-35 Daws Lane
London
NW7 4SD

Dear Brad

DJP Bury Ltd SAS

Further to a conversation with Darren Mc Keever I enclose the following:

- 2 x Transfer payment release forms: Please complete section 3 on both pensions
- Pension transfer questionnaire from Reassure

Would you please send all to:
Reassure Ltd
Windsor House
Telford Centre
Telford
Shropshire
TF3 4NB

Yours sincerely



EAMONN CORRIGAN

Chartered Management Accountants
Chartered Certified Accountants



Chartered Institute of
Management Accountants
PRACTISING CERTIFICATE HOLDER





ReAssure

TRANSFER PAYMENT RELEASE FORM

NOTES TO HELP YOU WHEN COMPLETING THIS FORM

Notes applying to more than one section

This form should be completed when you have chosen to transfer your pension fund with us to another provider.

All pages of this form should be returned to us. Do not separate and send back only part of a form, as it will delay your request.

You may lose all or some of your benefits on transfer, for example:

- If your policy has a guaranteed annuity rate (GAR) this will be lost on transfer.
- If you are a member of an Executive Pension Scheme where you are entitled to more than 25% tax-free cash lump sum, this entitlement will be lost unless the transfer is a **block transfer**.
- If you were previously a member of an Occupational Pension Scheme and you are entitled to more than 25% tax-free cash lump sum, this entitlement may be lost on transfer.
- If you have rights in a Section 32 policy (This is where you transferred benefits from a previous employer's Occupational Scheme.), and after A-day wish to transfer those rights to another scheme.
- If your policy has a protected low pension age, because of the job you do, this will be lost unless the transfer is a **block transfer**.
- Where enhanced protection applies to your pension savings (or you've registered for fixed protection 2012 or fixed protection 2014), this will be lost unless it is a **permitted transfer** under HMRC rules.
- If your policy started on or before 10 December 2003 then you may have a right to retire between the ages of 50 and 75 (unless you have an earlier protected pension age). If you transfer out of this policy you will lose this right and after 6 April 2010 you will not be able to retire until age 55.

For more information about the terms in bold text above please refer to the member pages of the Registered Pension Schemes Manual (RPSM) <http://www.hmrc.gov.uk/manuals/rpsmmanual>.

We will pay the benefits from this policy to your selected receiving scheme provided both you and the receiving scheme administrator have completed this form accurately and given us all the necessary information.

You can find more about transfers on HM Revenue & Customs (HMRC) website, <http://www.hmrc.gov.uk>.

Section 1 – Information we already know

Read the information we have completed for you. If any of it is incorrect, please amend the form and sign by the side of the change.

Section 2 – Confirmation from you the policyholder

Read the declaration passages and sign in the space provided. We cannot continue with your transfer request without your signature.

Section 3 – For use by new scheme administrator only

This can only be completed by the Scheme Administrator of the pension provider to whom you want us to transfer your pension fund. Please ensure that they complete all sections and sign the declaration. **DO NOT separate the form and return the separate parts as this will cause delays.**



ReAssure

PLEASE RETURN ALL PAGES OF THIS FORM

Page 1 of 10

Policy Number(s): T55204554

Policyholder(s): Mr Eamonn Patrick Corrigan

Transfer Payment Release Form

(to transfer your pension fund to another pension provider)

You may have an alternative to taking, or transferring the money from your pension, why not contact us on 0800 073 1777.

This form is important as it helps us to transfer your pension fund to the new Pension Provider correctly with the minimum of delay.

Section 1 - Information we already know		
Part A: Your personal details		
	Policy number	T55204554
	Name of policyholder	Mr Eamonn Patrick Corrigan
	Name of Member (if different than policyholder)	
	Policyholder's/Member's National Insurance No.	WM953046B
	Type of Scheme (Please write type of scheme here and complete the relevant section unless already completed for you)	Personal Pension Plan
Part B: Your type of UK registered pension scheme		
	PERSONAL PENSION SCHEME	
Part C: Your Pension Value		
	Monetary amount of split:	
	Former Protected Rights	£0.00
	Ordinary Rights (all policies except occupational schemes)	£67,151.33
	Total amount to be transferred. *	£67,151.33
	*The transfer value amount is not guaranteed and we will re-calculate it on the day after we receive this form from you, provided it is completed accurately and we have all the information we need.	

PLEASE RETURN ALL PAGES OF THIS FORM

Page 2 of 10

Policy Number(s): T55204554

Policyholder(s): Mr Eamonn Patrick Corrigan

Section 2 - Confirmation from you the policyholder

Declaration made by you

Please return your original policy documents with this form. If you cannot find them then, please read the section below.

I have carried out a diligent search in all the places I would expect to find the policies. I have also made enquiries of all people who may be able to give me information about their whereabouts but I have had no success in locating the policies.

If I find out where the policies are, I will inform you immediately. I will also return the policies to you as soon as I find them.

I authorise payment of the Open Market Option/transfer value to the receiving scheme, details of which the receiving scheme administrator has completed in Section 3, Part A. On payment of the transfer I discharge ReAssure Limited from any and all liability under the policies numbered in Section 1, Part A.

Signature of Policyholder/Trustee



Date

28/8/16

Print Name

EAMONN CORRIGAN

If the policy is held under Trust then we need all the Trustees to sign below.

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Where the member is NOT the policyholder, please sign below:

Signature of member

Date

Print Name



ReAssure

PLEASE RETURN ALL PAGES OF THIS FORM

Page 3 of 10

Policy Number(s): T55204554

Policyholder(s): Mr Eamonn Patrick Corrigan

Section 3 - For use by the new scheme administrator only

Part A: New scheme details

	Name of Pension Provider	
	Name of Scheme	
	Address of Scheme	
	Postcode	
	Company Telephone Number	
	Reference, to be quoted in correspondence	

Part B: Your type of pension scheme

- (a) ☐ A registered pension scheme governed and administered under UK Pension Law. If the transfer includes GMP rights (see Section 1) and your scheme will retain these rights in GMP form please provide your contracted-out reference number(s) below:

SCON:	S									
ECON:	E									ECON needed if your scheme is a contracted-out final salary scheme

- (b) ☐ A qualifying recognised overseas pension scheme (QROPS). Please provide your QROPS reference number as provided by HM Revenue & Customs below:

Q	R	O	P	S						
---	---	---	---	---	--	--	--	--	--	--

(For a definition of what this means you may wish to look at the information on HM Revenue & Customs website <http://www.hmrc.gov.uk>)

Please send us a copy of the QROPS acceptance letter issued by HMRC Audit & Pension Schemes Service (APSS).

- (c) ☐ HM Revenue & Customs reference (if applicable)

Please record number here:

PLEASE RETURN ALL PAGES OF THIS FORM

Page 4 of 10

Policy Number(s): T55204554

Policyholder(s): Mr Eamonn Patrick Corrigan

Section 3 - For use by the new scheme administrator only (continued)

Part C: Confirmation of payment details to a UK registered non-Occupational Pension Scheme; otherwise complete Part D

Please make payment to the following:

Bank name: (e.g. HSBC)										
Address:										
Postcode:										
Bank Sort Code:	<table><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table>			-			-			
		-			-					
Bank Account Number:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Building Society Account Number:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Bank Account Holder's Name:										
Share Account Number:										

Part D: Confirmation of payment details to an Occupational Pension Scheme or any overseas scheme; otherwise complete Part C

Please make payment to the following:

Cheque Payee:	
Address:	
Postcode:	
Payment Reference: (Must be quoted)	

Part E: Complete if the transfer payment is to be sent via an Independent Broker

The Broker is co-ordinating the purchase of an Open Market Annuity	<input type="checkbox"/>
The Broker is employed as a third party administrator of the receiving scheme and administers the Scheme's bank account	<input type="checkbox"/>
The Broker is employed as a third party administrator of the SIPP and administers the SIPP's bank account	<input type="checkbox"/>

PLEASE RETURN ALL PAGES OF THIS FORM

Page 5 of 10

Policy Number(s): T55204554

Policyholder(s): Mr Eamonn Patrick Corrigan

Section 3 - For use by the new scheme administrator only (continued)

Part F: Complete if the transfer payment is to be made payable to an Independent Broker

The Broker is the appointed Scheme Administrator of the SIPP (Self-Invested Personal Pension)

☐

Part G: Declaration by receiving scheme administrator

I/We declare that:

the receiving scheme is as specified in Section 3, Part B and that it is willing and able to receive the Open Market Option/transfer payment shown in Section 1, Part C (remembering that this value will be recalculated in line with the policy conditions)

all information given in this section is true and complete.

Part H: Signature of receiving scheme administrator/scheme trustee

Signature:

Print Name:

Date:

Position:

For and on behalf of

(Trustees/Administrator of receiving scheme)



ReAssure

TRANSFER PAYMENT RELEASE FORM

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- If you were previously a member of an Occupational Pension Scheme and you are entitled to more than 25% tax-free cash lump sum, this entitlement may be lost on transfer.
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We will pay the benefits from this policy to your selected receiving scheme provided both you and the receiving scheme administrator have completed this form accurately and given us all the necessary information.

You can find more about transfers on HM Revenue & Customs (HMRC) website, <http://www.hmrc.gov.uk>.

Section 1 – Information we already know

Read the information we have completed for you. If any of it is incorrect, please amend the form and sign by the side of the change.

Section 2 – Confirmation from you the policyholder

Read the declaration passages and sign in the space provided. We cannot continue with your transfer request without your signature.

Section 3 – For use by new scheme administrator only

This can only be completed by the Scheme Administrator of the pension provider to whom you want us to transfer your pension fund. Please ensure that they complete all sections and sign the declaration. **DO NOT separate the form and return the separate parts as this will cause delays.**

PLEASE RETURN ALL PAGES OF THIS FORM

Page 1 of 10

Policy Number(s): B55462558

Policyholder(s): Mr Eamonn Patrick Corrigan

Transfer Payment Release Form

(to transfer your pension fund to another pension provider)

You may have an alternative to taking, or transferring the money from your pension, why not contact us on 0800 073 1777.

This form is important as it helps us to transfer your pension fund to the new Pension Provider correctly with the minimum of delay.

Section 1 - Information we already know		
Part A: Your personal details		
	Policy number	B55462558
	Name of policyholder	Mr Eamonn Patrick Corrigan
	Name of Member (if different than policyholder)	
	Policyholder's/Member's National Insurance No.	WM953046B
	Type of Scheme (Please write type of scheme here and complete the relevant section unless already completed for you)	Personal Pension Plan
Part B: Your type of UK registered pension scheme		
	PERSONAL PENSION SCHEME	
Part C: Your Pension Value		
	Monetary amount of split:	
	Former Protected Rights	£0.00
	Ordinary Rights (all policies except occupational schemes)	£2,859.32
	Total amount to be transferred. *	£2,859.32
	*The transfer value amount is not guaranteed and we will re-calculate it on the day after we receive this form from you, provided it is completed accurately and we have all the information we need.	

PLEASE RETURN ALL PAGES OF THIS FORM

Page 2 of 10

Policy Number(s): B55462558

Policyholder(s): Mr Eamonn Patrick Corrigan

Section 2 - Confirmation from you the policyholder

Declaration made by you

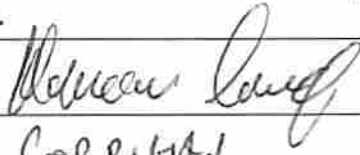
Please return your original policy documents with this form. If you cannot find them then, please read the section below.

I have carried out a diligent search in all the places I would expect to find the policies. I have also made enquiries of all people who may be able to give me information about their whereabouts but I have had no success in locating the policies.

If I find out where the policies are, I will inform you immediately. I will also return the policies to you as soon as I find them.

I authorise payment of the Open Market Option/transfer value to the receiving scheme, details of which the receiving scheme administrator has completed in Section 3, Part A. On payment of the transfer I discharge ReAssure Limited from any and all liability under the policies numbered in Section 1, Part A.

Signature of Policyholder/Trustee



Date

28/8/16

Print Name

EAMONN CORRIGAN

If the policy is held under Trust then we need all the Trustees to sign below.

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Where the member is NOT the policyholder, please sign below:

Signature of member

Date

Print Name



ReAssure

PLEASE RETURN ALL PAGES OF THIS FORM

Page 3 of 10

Policy Number(s): B55462558

Policyholder(s): Mr Eamonn Patrick Corrigan

Section 3 - For use by the new scheme administrator only

Part A: New scheme details

	Name of Pension Provider	
	Name of Scheme	
	Address of Scheme	
	Postcode	
	Company Telephone Number	
	Reference, to be quoted in correspondence	

Part B: Your type of pension scheme

- (a) ☐ A registered pension scheme governed and administered under UK Pension Law. If the transfer includes GMP rights (see Section 1) and your scheme will retain these rights in GMP form please provide your contracted-out reference number(s) below:

SCON:	S										
ECON:	E										ECON needed if your scheme is a contracted-out final salary scheme

- (b) ☐ A qualifying recognised overseas pension scheme (QROPS). Please provide your QROPS reference number as provided by HM Revenue & Customs below:

Q	R	O	P	S						
---	---	---	---	---	--	--	--	--	--	--

(For a definition of what this means you may wish to look at the information on HM Revenue & Customs website <http://www.hmrc.gov.uk>)

Please send us a copy of the QROPS acceptance letter issued by HMRC Audit & Pension Schemes Service (APSS).

- (c) ☐ HM Revenue & Customs reference (if applicable)

Please record number here:

PLEASE RETURN ALL PAGES OF THIS FORM

Page 4 of 10

Policy Number(s): B55462558

Policyholder(s): Mr Eamonn Patrick Corrigan

Section 3 - For use by the new scheme administrator only (continued)

Part C: Confirmation of payment details to a UK registered non-Occupational Pension Scheme; otherwise complete Part D

Please make payment to the following:

Bank name: (e.g. HSBC)										
Address:										
Postcode:										
Bank Sort Code:			-			-				
Bank Account Number:										
Building Society Account Number:										
Bank Account Holder's Name:										
Share Account Number:										

Part D: Confirmation of payment details to an Occupational Pension Scheme or any overseas scheme; otherwise complete Part C

Please make payment to the following:

Cheque Payee:										
Address:										
Postcode:										
Payment Reference: (Must be quoted)										

Part E: Complete if the transfer payment is to be sent via an Independent Broker

The Broker is co-ordinating the purchase of an Open Market Annuity	<input type="checkbox"/>
The Broker is employed as a third party administrator of the receiving scheme and administers the Scheme's bank account	<input type="checkbox"/>
The Broker is employed as a third party administrator of the SIPP and administers the SIPP's bank account	<input type="checkbox"/>



ReAssure

PLEASE RETURN ALL PAGES OF THIS FORM

Page 5 of 10

Policy Number(s): B55462558

Policyholder(s): Mr Eamonn Patrick Corrigan

Section 3 - For use by the new scheme administrator only (continued)

Part F: Complete if the transfer payment is to be made payable to an Independent Broker

The Broker is the appointed Scheme Administrator of the SIPP (Self-Invested Personal Pension)

☐

Part G: Declaration by receiving scheme administrator

I/We declare that:

the receiving scheme is as specified in Section 3, Part B and that it is willing and able to receive the Open Market Option/transfer payment shown in Section 1, Part C (remembering that this value will be recalculated in line with the policy conditions)

all information given in this section is true and complete.

Part H: Signature of receiving scheme administrator/scheme trustee

Signature:

Print Name:

Date:

Position:

For and on behalf of

(Trustees/Administrator of receiving scheme)



ReAssure

Pension Transfer Questionnaire [OPS & SSAS]

Name: Mr EP Corrigan

Policy number: T55204554

Please ensure you choose one option, sign and date below and return the form in the pre-paid envelope provided.

Option 1:

(Tick one box)

YES: I confirm that I would like ReAssure to continue to look at my requested transfer and have fully completed all the questions below.

☒

Option 2:

NO: I confirm that I would no longer like to proceed with my requested transfer and have therefore not completed the questions below.

☐

Signature:

Eamonn Corrigan

Print Name:

EAMONN CORRIGAN

Date:

28 - 08 - 2016

Background

1. What is the main reason for wanting to transfer your pension?

Better investment

2. What do you want to achieve through the transfer that you can't in your current scheme?

better returns



ReAssure

Name: Mr EP Corrigan

Policy number: T55204554

3. How did you become aware of the receiving scheme, was it via a text or unsolicited call? Who were you contacted by?

I know the people involved -

Transfer Process

4. Were you asked to make a quick decision about transferring your pension or to speed up the transfer process?

NO

5. Have you received any financial advice in connection with the transfer? If so, please provide details of the organisation or company that provided you with that advice and a copy of that advice if possible.

I AM AN ACCOUNTANT - I KNOW
WHAT I AM DOING

6. Have you checked to see if this adviser is authorised to provide advice on pensions on the Financial Services Register [see: <http://www.fsa.gov.uk/register/home.do>]

yes

7. During the transfer process has all communication been by text, email and/or telephone?

Telephone & Face to Face



ReAssure

Name: Mr EP Corrigan
Policy number: T55204554

8. Was a courier sent to your home to collect signed documentation?

No

9. During the transfer process has the receiving scheme (or its administrator) contacted you with any official documentation? If so, please send copies.

All taken care of by my financial
Adviser - would send financial statements

The Receiving Scheme DJP Bury Ltd SASS

10. Have you been offered any sort of cashback, loan, or other cash benefit from your new pension scheme or the scheme's administrator?

No

11. Have you been told that you can access any part of your pension fund under the receiving pension scheme before age 55?

~~yes~~ No

12. What initial fees and charges have you been quoted under the new arrangement, including any commission payments?

very small

13. What are the ongoing fees and charges you will be paying in the new scheme?

interest £450 p.a



ReAssure

Name: Mr EP Corrigan

Policy number: T55204554

14. What investments have you been offered under the new arrangement? Please send us copies of any information or brochures you have been sent.

This is ReAssure
Business Unit Agreement with Security

15. Have you been promised a particular guaranteed rate of investment return in your new arrangement, and if so what is it?

12% p.a. + dividend

16. If your new pension scheme is a SSAS, do you understand your duties as a scheme trustee and have you any experience of running a pension scheme?

Yes

17. Were you told that in the event of your death under your current pension, your relatives would lose your pension fund?

~~Yes~~ No

Employment

18. Who is your current employer and what is the address of your usual place of work?

Corrigan & Co Ltd
Unit 9, Ennisceheen Business Centre
Temple Ln. Ennisceheen BT16 4RL



ReAssure

Name: Mr EP Corrigan

Policy number: T55204554

19. Please send a us a recent original payslip as evidence of employment

Enclosed



(Please Tick if enclosed)

20. What is your relationship with the Principal Employer that sponsors the new pension scheme?

COLLEAGUE

21. Will you or the new pension scheme's sponsoring or participating employer be paying any contributions to the scheme (apart from transfers)? If so, please give details.

NO - possibly

The Pensions Regulator

22. Have you read The Pensions Regulator's leaflet on Pension Scams?

yes

CORRIGAN & CO LTD

Department	- No Department			Payment Method - Cheque		Payment Period - Monthly	
BASIC	1.00	936.0000	936.00	PAYE Tax	25.00	Total Gross Pay TD	4680.00
				National Insurance	31.68	Gross for Tax TD	4680.00
						Tax Paid TD	124.40
						Earnings for NI TD	4670.00
						National Insurance TD	158.40
						Earnings for NI	934.00
						Gross for Tax	936.00
						Total Gross Pay	936.00
						Nat. Insurance No.	WM953046E
5	26/08/2016	0	973L	5	Mr. Eamonn Patrick Corrigan		879.32

CORRIGAN & CO LTD

Department	- No Department			Payment Method - Cheque		Payment Period - Monthly	
BASIC	1.00	936.0000	936.00	PAYE Tax	24.80	Total Gross Pay TD	3744.00
				National Insurance	31.68	Gross for Tax TD	3744.00
						Tax Paid TD	99.40
						Earnings for NI TD	3736.00
						National Insurance TD	126.72
						Earnings for NI	934.00
						Gross for Tax	936.00
						Total Gross Pay	936.00
						Nat. Insurance No.	WM953046E
4	29/07/2016	0	973L	5	Mr. Eamonn Patrick Corrigan		879.52