

		19.6.12	Our	Ref	Catherine Leonard										
			HW Financial Services Ltd												
FAO Brad Davis			120-124 Towngate												
Pension Practitioner.Com			Leyland												
Daws House 33-35 Daws Lane LONDON NW7 4SD			Preston PR25 2LQ												
								No.			FSA No. 134190				
								Department: SSAS			You	r Ref			
		T													
Clien	t Name	Folglade SSAS													
Enclosed:			Required												
Х	Benefit Crystallisation Event Member Questionnaire for Elaine Chisnall		Х	Acknowledgement											
				Investment Sched	lule										
				Policy Documents	5										
				Commission											
				Confirmation of:											

## **Benefit Crystallisation Event** Member Questionnaire

Scheme Name: FOLGLADE SSAS

Member Name:

ELAINE

CHISNALL

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 £12, 500
- 4. I wish to vest sufficient funds to provide an annual Income amount of £ O

Other (please detail)

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



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

Date:			
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

N/A.

Signed: Chunall

ELAINE CHISNALL

Date: 11. 06.12