

**Benefit Crystallisation Request
Member Questionnaire**

Scheme Name: Haines Watts (Preston) Limited SSAS

Member Name: Paul Newsham

Date of birth: 15.07.65

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

Required Benefits

1. I wish to draw all of my fund in Tax Free Cash and Income
- ✓2. I wish to vest sufficient funds to provide a Tax Free Cash amount of £16,316.09

Other (please detail)

Will this be your first crystallisation of pension benefits (including any Benefit Crystallisation Events occurring between 06 April 2006 and 5th April 2024 under any Registered Pension Scheme)?

Yes

No

If 'No', can you detail all previous occasions where you crystallised pension benefits under any pension arrangement you either hold or held (including the exact dates and the amounts crystallised)? Please attach copy statements.

Signed:

Paul Newsham

Date:

23/7/24

Account Details of where to transfer funds

Account Name **PAUL CHARLES NEWSHAM**

Account Number **744 72658**

Sort Code **01 67 14**

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/
Business Name **Haines Watts (Preston) Limited SSAS**

Debit Account
Number **45160866**

2. PAYMENT DETAILS

Payment Type (All payments over the faster payments limit will be sent as a CHAPs)

☒ Faster Payment (Personal, no fee. Business, tariff dependent) ☐ CHAPs (Personal £25.00. Business tariff dependent)

Payment Date **23.07.24**

Amount **£ 16,316.09**

Amount in
Words **Sixteen thousand three hundred and sixteen pounds and nine pence**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B E N

4. NEW BENEFICIARY ☐

Beneficiary
Name

Paul Charles Newsham

Account Type



Personal Account



Business Account

Beneficiary
Sort Code

0 1 - 6 7 - 1 4

Beneficiary Account Number

7 4 4 7 2 6 5 8

Payment Reference
(if applicable)

LS - P Newsham

Payment Reference

Confirmation of Payee
Outcome Understood
(Internal use only)



Match



Close Match



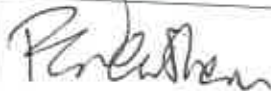
No Match



Not Checked

5. CUSTOMER SIGNATURE

Primary Applicant



Name

PAUL CHARLES NEWSHAM

Date

23/7/2024

Secondary Applicant

Name

Date

Outward Payment Instruction (Faster Payment & CHAPs) (continued)

6. SECURITY CALL BACK

We may need to call to confirm the validity of the payment instruction. Please detail below the authorised signatories from the bank mandate you would like us to call.

Full Name

Full Name

Please note if the account is two to sign we will need to speak with two of the authorised signatories.

FOR INTERNAL USE ONLY

☐ ID&V confirmed (refer to ID&V Matrix)

☐ Request fully input to T24

☐ Signature varies however I have verified the customer via system held photo

If applicable:

☐ HVT completed and attached

☐ Payment authorised or referred to CPU

Inputter Signature

Name

Date

Manager Signature

Name

Date