

Units 4-6 • Burnt House Farm Business Park • Bedlam Lane • Smarden • Kent • TN27 8PG  
T: 01233 756 711 • E: [info@hdclimited.com](mailto:info@hdclimited.com) • W: [www.hdclimited.com](http://www.hdclimited.com)



Pension Transfer Specialists

DOCUMENTS FOR TRANSFER, AS DISCUSSED  
WITH DAWN HUTCHINGS.

With kind regards,

Owen

12-05-16

## Information required from the receiving pension arrangement

Name:

Mr F F Irvine

Pension reference number:

000331320

If the member accepts the transfer please provide the following information:

Name of new provider:

Address of new provider:


Please tick or complete as appropriate

### 1 The Scheme is:

A Personal Pension Scheme

An Occupational Scheme

An Overseas Pension Scheme

A Section 591(2)(g) Scheme

<input type="checkbox"/>	Go to 1.1
<input type="checkbox"/>	Go to 1.2
<input type="checkbox"/>	Go to 1.3
<input type="checkbox"/>	Go to 1.4

### 1.1 Personal Pension Schemes

I enclose the following:

The completed 'Form of Indemnity'

The Scheme's ASCON

A current screen print of the registration certificate taken from the HMRC online services website

Confirmation as to whether the Scheme can accept any EPB stated in the quotation

A letter of authority from the new pension provider confirming that the transfer is acceptable

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	Yes / No

### 1.2 Occupational Schemes

I enclose the following:

The completed 'Form of Indemnity'

The Scheme's ECON

<input type="checkbox"/>	
<input type="checkbox"/>	

The Scheme's SCON

A current screen print of the registration certificate taken from the HMRC online services website

The date contracted-out membership began

The method by which the Scheme revalues GMP

Confirmation as to whether the Scheme can accept any EPB stated in the quotation

Yes / No

A letter of authority from the new pension provider confirming that the transfer is acceptable

### 1.3 Overseas Pension Schemes

I enclose the following:

The completed 'Form of Indemnity'

The 'Details of your Lifetime Allowance' form (completed by the member)

The 'Overseas Transfer form'

The 'Transfer of pension rights overseas – GMP/ Section 9(2B) Rights retained in the UK , or

The 'Transfer of pension rights overseas – GMP/ Section 9(2B) Rights transferred into your scheme

The HMRC form 'Qualifying Recognised Pension Scheme - Transferring UK tax-relieved pension assets

HMRC Form 'APSS262'

HMRC Form 'APSS263' (completed by the member)

### 1.4 Section 591(2)(g) Schemes

I enclose the following:

The completed 'Form of Indemnity'

The Scheme's SCON

A current screen print of the registration certificate taken from the HMRC online services website

Confirmation as to whether the Scheme can accept any EPB stated in the quotation

Yes / No

The 'Form 2B' or an undertaking by the Insurance Company in the



format of 'Form 2B' on Company Letterhead

An Illustration of the member's benefits in relation to the transfer for  
checking prior to it being sent to the member.

☐

(the illustration provided should be at the members Normal Retirement  
Age and not their State Pension Age)

### Your Declaration

I confirm that I have completed and enclosed all relevant documentation.

I understand that any delay in returning the relevant information will result in a delay in payment of  
the transfer value, and may result in a recalculation of the member's transfer value if the relevant  
information is not received until after the guarantee period.

Signature:

Date:

Name (printed):

Position in company:




## Transfer value – Form of Indemnity

Name:	Mr F F Irvine
Pension reference number:	000331320
Calculation date:	16 June 2015

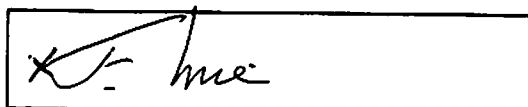
### To be completed by the member:

Please pay my transfer value from my Railways Pension Scheme South West Trains Section pension arrangement to my new pension provider. I understand that there will then be no benefits payable to me or my dependants from the Railways Pension Scheme, and I hereby discharge the Trustee from any further liability in respect of my membership. I also authorise RPMI to make all appropriate enquiries of my new pension provider in respect of my transfer request.

Name of my new pension provider:	PENSION PRACTITIONERS SSAS
My full name:	FREDERICK FRANK IRVINE
My National Insurance number:	YZ357110C
My address and postcode:	32 WYMERING ROAD
	PORTSMOUTH
	HANTS
	PO2 7HY

I confirm that I have received a statement from the receiving scheme detailing the benefits to be provided in exchange for the transfer payment. I also confirm that I accept that the benefits provided by the receiving scheme may be different in form and amount from those provided under the transferring scheme and may not include survivor's benefits.

Signature:



Date:

02 10 2016

HMRC rules prevent transfers from taking place unless your new pension provider confirms to RPMI that it operates a bona fide tax exempt pension arrangement. Accordingly your new pension provider must complete the declaration form attached. In line with HMRC rules, until this declaration is completed your transfer cannot proceed.



## Transfer value – Form of Indemnity

<b>Name:</b>	Mr F F Irvine
<b>Pension reference number:</b>	000331320
<b>Calculation date:</b>	16 June 2015

**To be completed by the new pension provider:**

We, \_\_\_\_\_ declare that the receiving arrangement has been registered by HM Revenue and Customs for Tax Relief and exemptions in accordance with the Finance Act 2004.

We hereby authorise **HMRC** to confirm or otherwise to RPMI that the above statement is true.

If the new arrangement is a Section 591(2)(g) policy a copy of the proposal is attached.

**Signature:**

**Date:**

/ /

**Name:**

**Position:**

## Form 2B

**This form must be completed on headed insurance company paper**

**To the Railways Pension Trustee Company Ltd**

<b>Name:</b>	Mr F F Irvine
<b>Pension reference number:</b>	000331320
<b>Calculation date:</b>	16 June 2015

**We warrant to you that**

- (a) We are an Insurance Company authorised to carry on Ordinary Long-Term Insurance Business in the U.K., and
- (b) if any part of the member's cash equivalent is accepted by us, it will be applied by us, to provide benefits under a Policy which either has been registered by the HMRC Board for the purposes of the Tax Laws, or has been submitted for such registration. If the latter applies, any Policy issued will, in due course, be endorsed if necessary to agree with the form in which the Policy is eventually registered, and
- (c) if any part of the member's cash equivalent is accepted by us, it will be applied by us to provide benefits (including, where appropriate, the GMP based on the information supplied by you) which satisfy all the requirements of or referred to in paragraph 13(2)(b) of Schedule 1A to the Social Security Pensions Act 1975.

**For and on behalf of the Company**

**Your name:**

**Your position in company:**

**Your signature:**

**Date:**


### **Note: Adviser Remuneration**

Please note that our initial Adviser Remuneration is based on a banded structure, depending on the total Transfer Value, as follows:

<b>Total Transfer Value</b>	<b>Fee</b>
On the first £150,000	2%
On the next £350,000 (i.e. £150,000 to £500,000)	1%
On the next £500,000 (i.e. £500,000 to £1m)	0.5%
On the remainder (i.e. £1m plus)	0.25%

In this particular case, the total Adviser Remuneration due is:

<b>Expected Transfer Value</b>	<b>£170,548.79</b>
<b>HDIFA Fee</b>	<b>£3,205.49</b>
<b>Introducing IFA's Fee</b>	<b>£1,705.49</b>
<b>Total Fee</b>	<b>£4,910.98</b>

We would appreciate it if you could take into account our actual structure outlined above before making payment of our fees.

I, Mr Frederick Irvine, agree to the fees outlined above:

Signature: ..........

### **Payment details are as follows: -**

**Sort Code: 40-44-37**

**Account number: 82126753**