

Pension Practitioner.Com Ltd
Daws House
33-35 Daws Lane
London
NW7 4SD

29 April 2014

Scheme member's name: Nigel Alan Hoban
Scheme name: Hammerhead Television Facilities
Ltd Retirement Benefits Scheme
Policy number: 7875897
Phone: 0845 366 1644
Our reference: TMO/EP/SCHEMES/ GS
Fax number: 01732 425 424

Dear Sirs

We have recently been contacted by Mr Nigel Alan Hoban requesting paper work for his retirement. We are not authorised to issue information directly to the scheme member, so I am therefore issuing the information to you.

If you have any queries or require more information, please call the number at the top of this letter. Our Customer Service Team is available from 8:30am to 5:30pm, Monday to Friday.

Yours faithfully

Traditional Money Out

The Trustees of Hammerhead Television
Facilities Ltd Retirement Benefits Scheme

29 April 2014

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Policy number: 7875897
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Dear Sirs

Further to your recent request, please find enclosed the following items that will enable the policy proceeds to be returned to the Trustees:

- an illustration of the benefits currently available (please note that a reduction may apply if surrendering before the maturity date); and
- surrender request form.

The fund available is based on current unit prices and cannot therefore be guaranteed. The actual surrender value will be determined according to the unit prices at the actual date of surrender, and in accordance with the terms applicable on discontinuance of the contract, as stated in the policy booklet.

In order for us to process the surrender, please also send us the following documents along with the request form:

1. The original policy document.
2. A copy of the latest signed and dated Trust Deed.
3. A copy of the current authorised signatories list for any Special, Individual or Corporate Trustees or Scheme Administrator, as appropriate.
4. Completed Trustee Identity Verification forms or full identity verification documents (please read the "Anti-Money Laundering requirements").

The 'Action Date' for the surrender will be the working day following receipt of all these items.

Please note as this is an 'investment only' arrangement, Friends Life will not be responsible for ensuring the resulting benefits are within Revenue limits.

If you have any queries regarding this, please do not hesitate to contact our help desk on the number shown above. Please note that this line is open from 8.30am to 5.30pm, Monday to Friday.

Yours Faithfully

On behalf of the Operations Department

RETIREMENT BENEFITS ILLUSTRATION

This Illustration must be read with the attached notes.

Scheme	HAMMERHEAD TELEVISION FACILITIES LTD RETIREMENT BENEFITS SCHEME
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Member	N A Hoban Date of birth : 12-04-1949	Proved : No
Member's Spouse	J E Hoban Date of birth : 08-06-1951	Proved : No

Selected Retirement Date 29-04-2014	FINAL REMUNERATION £ 0.00	CONTRACT NUMBER 7875897
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Premium Assumptions	Annual premiums of £ 3000.00 are paid up to and including that due on 31-03-1991
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CASH FUND		
On the assumptions set out overleaf and assuming that all the premiums illustrated above have been or will be paid before the Selected Retirement Date, the fund available from the contract proceeds, for the purchase of the retirement benefits would be:		
Accrued from Non-Protected Rights contributions	£	8843.07
When benefits are taken (or you reach age 75 if earlier) the value of the benefits you take will be compared with your remaining Lifetime Allowance.		
The percentage of the standard Lifetime Allowance you will use in respect of the benefits is 0.70 %.		

THE BENEFITS THAT COULD BE SECURED

The quotations below illustrate alternative benefits that could be provided by the fund.

Full details of all the options available are contained in the rules governing the Scheme; you should ask the Managing Trustees if you wish to receive any further quotations

	Benefits
PERSONAL PENSION each year	£ 465.97
<i>Followed on death by</i>	
SPOUSE'S PENSION each year	£ 0.00

PAYMENT OF PENSIONS

The pension(s) will be payable in equal monthly amounts; the payments being due at the beginning of each period.

The pensions will not increase during the course of payment.

Pension benefits have been determined on the assumption that Friends Life's current annuity rates remain unaltered.

Annuity rates are guaranteed for 14 days.

The pension will be payable for a guaranteed period of 5 year(s) and thereafter during the lifetime of the policyholder. If death occurs before the end of the guaranteed period the pension will continue to the end of that period.

Exd:

ASSUMPTIONS

This illustration has been produced on the assumption that the scheme rules have the flexibility to allow for benefits to be paid in this format including the ability to provide a non-increasing pension.

The CASH FUND has been determined on certain assumptions depending on whether investment is in the Unit-linked Funds or the With Profits Fund .

Tax-free cash sum

When you retire you may be able to take up to one quarter of your fund as a tax-free cash sum. The rest of your fund must be used to provide pension benefits.

If you were a member of an occupational scheme before 6 April 2006, in certain circumstances you may be entitled to a higher amount. Details can be provided on request.

Unit-linked Funds:	<p>The date of this quotation is within 30 days of the Retirement Date, and therefore the fund has been determined on the basis of unit prices at the date of quotation, or the effective date of notice if already received.</p> <p>The rate of growth cannot be guaranteed ; unit prices can grow at a faster or slower rate and can go down as well as up.</p> <p>As unit prices are declared daily it is not possible to finally determine the exact amount available until notice is received (see next section).</p>
With Profits Fund	<p>It has been assumed that the present rates of bonus (including terminal bonus) are maintained up to the Retirement Date.</p>

NOTIFICATION OF RETIREMENT

Friends Life requires a minimum of **30 days notice** of the form in which the benefits are to be taken at retirement.

Where, exceptionally, shorter notice is given, Friends Life will set up the benefits effective from the specified Retirement Date but in these circumstances it may not be possible to commence benefit payments on time.

PLEASE ADVISE THE MANAGING TRUSTEES AS SOON AS YOU HAVE DECIDED THE FORM IN WHICH THE BENEFITS ARE REQUIRED

PROOF OF AGE

If your date of birth shown overleaf (and that of your spouse, if relevant) is incorrect please notify the Managing Trustees immediately in order that a revised quotation may be prepared.

If your age (and that of your spouse, if relevant) has not been proven to Friends Life, you should forward evidence now (birth certificates, together with marriage certificate for a married woman).

This is particularly important as payment of benefits may be delayed if age has not been proved

RESIDENCE ABROAD

If you will be residing abroad after retirement please notify the Managing Trustees as soon as possible in order that the correct arrangements for payment of the benefits can be made.

Trustee Identity Verification

To satisfy requirements under current Anti-Money Laundering legislation, we need proof of identity and address for the new owner(s), new trustee(s) or the person(s) appointed under a Power of Attorney.

Scheme name	Hammerhead Television Facilities Ltd Retirement Benefits Scheme
Scheme number	5075

Anti-Money Laundering

To comply with anti-money laundering requirements, we may verify your identity by carrying out an online check with a reference agency. Friends Life offers this service as part of its commitment to treat its customers fairly and to make it easier for you to do business with us. The agency will add a note to your reference file to show that an identity check has been made. Friends Life will not share the results of any electronic verification checks carried out by its chosen reference agency with any third parties. If successful, a copy of the results will be held on our systems to evidence that your identity has been verified.

Please complete your current address and date of birth below and sign the form to confirm that you have been made aware that Friends Life may perform this check.

If this form is not signed and returned, additional confirmation of verification of identity will be required by Friends Life, see attached Anti-Money Laundering Requirements Checklist.

Please fill in	
Your current address	
Your date of birth	

Signature of Trustee			
Name in full		Date	

Once the form is completed please return to:

TMO/EP/RET
Friends Life
PO Box 1810
Bristol
BS99 5SN

Our Ref: TMO/EP/RET/GS

ANTI-MONEY LAUNDERING REQUIREMENTS CHECKLIST

To satisfy requirements under current Anti-Money Laundering legislation, we need proof of identity and address for the owner(s), trustee(s) or the person(s) appointed under a Power of Attorney.

For individuals who are ordinarily resident in the **UK** or who are ordinarily resident in **Friends Life deemed comparable jurisdictions** (see the list of countries shown below), the following documents are acceptable.

If you can provide one of the following Government-issued photo documents, nothing further is required.

- Current signed passport UK/EC or Non UK/EC
- Current Photo-Card driving licence – full or provisional
- Current Firearms/Shotgun Certificate
- Northern Ireland Electoral ID Card
- National ID Card
- Young persons PASS card

If you cannot provide one of the above mentioned Government-issued photo documents, we will require two separate documents, one from each column shown below.

Government-issued non-photo document

- Valid non photo Driving Licence – old style Provisional Licences are **not** acceptable
- Evidence of entitlement to state benefit or state pension that **must** be dated within the last 12 months
- Evidence of local authority funded benefit that **must** be dated within the last 12 months
- Evidence of Tax Credit that **must** be dated within the last 12 months
- Evidence of educational or other grant that **must** be dated within the last 12 months

Other (not printed from the Internet)

- Valid non photo Driving Licence – old style Provisional Licences are **not** acceptable
- Instrument of a court appointment (such as a Grant of Probate)
- Council Tax demand or statement for the current year
- Current UK/Friends Life comparable jurisdiction bank statement that **must** be dated within the last 6 months **(Credit Card statements are NOT acceptable)**
- Gas, Electricity or Water Bill that **must** be dated within the last 6 months
- Document from Financial Conduct Authority regulated product provider **
- HMRC correspondence detailing name, address and permanent NI number **
- Evidence of entitlement to state benefit or state pension **
- Evidence of local authority funded benefit
- Evidence of Tax Credit **
- Evidence of educational or other grant **

** Must be dated within the last 12 months.

Friends Life Deemed Comparable Jurisdictions

Australia	Austria	Belgium	Bulgaria	Canada
Cyprus	Czech Republic	Denmark	Estonia	Finland
France	Germany	Gibraltar	Greece	Guernsey
Iceland	Ireland	Italy	Isle of Man	Jersey
Latvia	Lithuania	Luxembourg	Malta	Netherlands
New Zealand	Norway	Poland	Portugal	Slovakia
Slovenia	Spain	Sweden	Switzerland	United States of America

***** See further details overleaf for specific requirements for residents of other countries*****

IMPORTANT WARNING

Because of the potential risk of interception or loss of important documents, please do not send us any original documents. See "certification of copy documents" overleaf.

ANTI-MONEY LAUNDERING REQUIREMENTS CHECKLIST

Certification of copy documents

Please send certified copies of documents. Copies must be certified by a person practising in one of the following professions.

Retired persons or family members cannot certify documents.

- | | | |
|---|------------------------------------|--|
| ▪ Chartered Accountant | ▪ General Practitioner (GP), | ▪ Nurse (NHS) |
| ▪ Bank or Building Society Official (e.g. counter staff, manager etc) | Consultant or Medical Professional | ▪ Officer of the Armed Services (active) |
| ▪ Barrister | ▪ Justice of the Peace | ▪ Police or Customs Officer |
| ▪ Civil Servant (permanent) | ▪ Member of Parliament | ▪ Postmaster or Sub Postmaster |
| ▪ Commissioner of Oaths | ▪ Minister of recognised religion | ▪ Social Worker |
| ▪ Councillor (Local or County) | | ▪ Solicitor |
| ▪ Financial Adviser (regulated by Financial Conduct Authority) | | ▪ Teacher or lecturer |

How documents must be certified - Copy documents must be marked “**original seen**” and must be **dated** and **signed**. The copy documents must include the **full name and address and/or telephone number of the person certifying the documents and must also include details of their practicing profession**. It is not acceptable for documents to be certified by retired professional or merely signed for and on behalf of a partnership or firm – e.g. If a solicitor merely affixes their stamp to a copy document and signs using the firm’s name, it is not acceptable. These certified documents may be retained by Friends Life

Power of Attorney

- Where two or more Attorneys have been appointed to act jointly, we require proof of identity for all of the Attorneys. No dealings with the policy will be permitted until we have received satisfactory proof of identity for all of the Attorneys.
- Where two or more Attorneys have been appointed to act jointly and severally, we still require proof of identity for all of the Attorneys. Until we have received satisfactory proof of identity for all of the Attorneys we will only be able to take instructions from those Attorneys who have provided satisfactory proof of identity.

Solicitor appointed to act under Power of Attorney or as a Trustee

- Where the Power of Attorney/Trust Deed shows the Attorney’s/Trustee’s home address, we would treat this as being an appointment of the solicitor in a personal capacity and we require proof of his/her identity and verification of his/her **home** address.
- Where the Power of Attorney/Trust Deed shows the Attorney’s/Trustee’s business address, we would treat this as being an appointment of the solicitor in a professional capacity and we require proof of his/her identity and verification of his/her **business** address. A certified copy of the solicitor’s Practising Certificate can be used as proof of identity and address where the solicitor is acting in a professional capacity.

Assignment of a policy to Trustees of an existing Trust

Where a policy is being assigned to the Trustees of an existing Trust, **a certified copy of the Trust Instrument must be forwarded to Friends Life**, together with proof of identity for the individual trustees as set out overleaf.

Proof of identity requirements for individuals who are resident in countries other than Friends Life deemed comparable jurisdictions

Friends Life require a certified copy of the individual’s passport **and** correspondence or a statement from a financial institution showing the residential address that must be dated within the last 6 months. If the document from a financial institution shows a PO Box number we also require a Utility Bill (e.g. Gas, Electricity, Water or Telephone) dated within the last 6 months that shows the residential address.

As mentioned earlier, original documents must not be sent. Please send certified copies of the relevant documents – **please note that for residents of countries other than Friends Life deemed comparable jurisdictions, copy documents must be certified by a Lawyer or by the Embassy, Consulate or High Commission of the country of issue**. Certified copies will be retained by Friends Life and cannot be returned.

ANTI-MONEY LAUNDERING REQUIREMENTS CHECKLIST

Proof of identity for a Limited Company where the Limited Company is registered in an Friends Life deemed comparable jurisdiction. (Assignment of a policy to a Ltd Company or an appointment of a Ltd Company as Trustee or POA)

If the policy is being assigned to a Limited Company or if a Limited company is being appointed as Trustee or Done under a Power of Attorney, we need proof of identity of Friends Life Limited concerned, unless the Financial Conduct Authority regulates Friends Life Limited.

Please send written confirmation of Friends Life Limited's: -

- Registered number
- Full registered corporate name
- Registered address and any separate operating or trading addresses
- List of directors names
- List of owners or shareholders names
- Individual proof of identity for all shareholders who own 25% or more of the current shares.

For a Company that is regulated by the Financial Conduct Authority (FCA), all we require is details of the Company's Financial Services Register Number.

Surrender Form Checklist

Please ensure that this checklist is completed and returned together with our surrender form and the other requested items.

- ☐ Has the surrender form been completed fully?
- ☐ Have all signatories signed the surrender form and provided all the required information?
- ☐ Is a copy of the latest trust deed enclosed (to enable us to perform security checks to ensure the correct signatories have signed)?
- ☐ Is a copy of the authorised signatory list enclosed (if applicable)?

Anti-Money Laundering requirements

It is a requirement that **all** Trustees are verified. Friends Life may do this by carrying out an online check with a reference agency. The agency will add a note to the individual's credit file to show that an identity check has been made, but this information will not be available to any third parties and will not affect their credit rating. Please complete the Trustee Identity Verification form for each Trustee.

If any Trustee does not want the online check done or is not resident in the UK, full identity verification documents must be provided. Please refer to the Anti-Money Laundering Requirements Checklist attached to the Trustee Identity Verification form.

Friends Life, PO Box 1810, Bristol, BS99 5SN. Telephone: 0117 989 9000.

Friends Life Services Limited. An incorporated company limited by shares and registered in England and Wales number 3424940. Registered office: Pixham End, Dorking, Surrey RH4 1QA. Authorised and regulated by the Financial Conduct Authority.
As part of our commitment to quality service, telephone calls may be recorded.

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Authorised and regulated by the Financial Conduct Authority. Telephone calls may be recorded.

Friends Life is a registered trade mark of the Friends Life group.

To : Friends Life Limited
Friends Life Centre, PO Box 1810, Bristol BS99 5SN

SURRENDER REQUEST FORM

Scheme Name : Hammerhead Television Facilities Ltd Retirement Benefits Scheme

Trustee Investment Plan Number(s) : 7875897

Member name(s) : Nigel Alan Hoban

Please ensure that all sections are completed and that all the items listed in our letter are forwarded to Friends Life with this form.

A Instruction to cancel our investment
We request that the surrender value to be paid is:

☐

The total value of the policy(s).

Payment of the sum due shall discharge Friends Life 's liability under the policy(s)

B Instructions to pay
We request that the amount shown above is paid by direct credit transfer into the Bank / Building Society account as shown below.

Name of Bank / Building Society

Account Holder

Sort Code

<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>
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Account No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Roll No.

For Building Society Accounts please also enter your Building Society Roll Number (usually found in your passbook)

The money will reach the account within three to five working days from the date Friends Life make the payment. This is much quicker than payment by cheque.

C. Signatures of the Trustees

We have been made aware of the surrender penalties (including any Market Value Reduction) that will be charged following surrender of the policy(s). We wish to proceed with the surrender.

We declare that we are legally entitled to the policy(s) and the benefits which it secures. In consideration of payment by Friends Life in accordance with these instructions, we indemnify you against all claims or proceedings made against you in respect of the policy(s) and against all resulting losses and expenses you may incur. In respect of any policy listed where the policy document is not attached, a thorough search has taken place and the document has been either lost or destroyed.

Friends Life cannot act unless ALL the Trustees sign this form.

Trustee's signature			
Name in block capitals			
Home address			
Date Of Birth			
Date Signed			

Trustee's signature			
Name in block capitals			
Home address			
Date Of Birth			
Date Signed			

Trustee's signature			
Name in block capitals			
Home address			
Date Of Birth			
Date Signed			

Signature of, (Special/Corporate Trustee, if applicable)

For and on behalf of		Name in block capitals	
Date			

For and on behalf of		Name in block capitals	
Date			

Ref:TMO/EP/