

Transfer-out warranty to be completed for investors wishing to transfer out of their pension plan.

Investor number	20872942	ล้อง เปราที่เลื้องหรือเองที่เลี้ยงที่เลี้ยงที่เลี้ยงเลื้อเลี้ยงคากรับก็ก็เลื้องกากกระเลี้ยงเล่าที่ให้เกราะรับก	કારત અભ્યાસના કરતો કરવાભાવીદિવારી, દિવસ ન અમેલ જ્ઞાના ૧૯૫૧ માટે કરી મહાના ૧૯૧૧ કે ઉપ-દેશની અને કરી કરી કરી કરી ત્યાર માટે કરતા કરતા કરતા કરતા કરતા કરતા કરતા કરતા	elleranormentina girg
Title	Mr			
Surname	Hague			
Forename(s)	Paul			
Date of birth	06/03/1968			· · ·
2 Pension plan det	ails	and a religion with the total and the same a	Bu amandamara pandara ara Ma a serakasa bez	- 1
Wrapper number(s)	การ p. ค. อ. อริกับ , อาศัยโดยสำรับการคารใช้กำนับกู้เรียว รับสัตราสัย นี้ก็การเลิ้งขึ้น	######################################	કરિનાર્કન કર્યો કરવાઇ રિવેલી હોંગાન કરના માત્ર કરવાઈન ફોલાવેલ લક્ષ્મીન કરતી સંગામકાર ભાગી. ઇપલવી: ઉપલોગ અને અન ત્રાંત કર્યો કરવાઈન કરવાઈની કર્યો હતા.	· Portous collusiyasi A
/aluation date		13/12/2017		
Incrystallised				
Pension fund*		£ 52,829.28		
otal transfer value*		£		
lease select if you wish	to make a full or p	artial transfer:	Please transfer in full	X
rawdown pension			Please partially transfer	
ension fund*		£		
otal transfer value*	The same are a supplied to	£	Please transfer in full**	
Value as at the valuation one of the benefits from Only full transfers are p	n date shown. Then this transfer are so permitted from draw	se values are not guarante ubject to an 'earmarking' wdown wrappers.		
44 x Not to self-time and a second contract of the second contract o	and market. The in the ether thanketer the automater at semantical	sion scheme details.		

00773956RC

This payment comes from a registered pension scheme approved under Part 4 of the Finance Act 2004.



4 Investor declaration

I request that Aegon pay the current value of the benefits in my Aegon pension plan to the receiving arrangement indicated in Section 5 below.

I confirm that this payment represents a full discharge of the benefits indicated and will have no further liability or obligation in respect of the transferred investments.

Investor signature

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19/3/2018

The second secon 5 Receiving scheme declaration

Member's name

PAUL MAGUE

NI number

- --

WP825071D

Name of scheme ISTRANT LTD SSAS PENSION SCHEME

Plan number (if known)

We undertake that the receiving scheme is

A UK registered scheme*. This is a scheme which is registered by HM Revenue & Customs (HMRC) under Part 4 of the Finance Act 2004 (including schemes that automatically acquired this new registered status on 6 April 2006. The HMRC reference is

SF

/PS

00566788RP

- * A UK registered scheme could include
 - A new employer's occupational/stakeholder pension scheme (if that scheme is willing to
 - A personal/stakeholder pension plan
 - An insurance policy known as a 'Section 32' or 'Buy-out' policy

A Qualifying Recognised Overseas Pension Scheme (QROPS). For a recognised overseas scheme to become a 'Qualifying' scheme and retain qualifying status, the scheme manager must provide

- The scheme satisfies all of the requirements as described below for a recognised overseas
- Undertakes to notify HMRC if the scheme ceases to be a recognised overseas scheme and supply them with information when making payments to certain scheme members.

We enclose a copy of the acceptance letters from HMRC Audit and Pension Scheme Services confirming the receiving scheme is a qualifying registered overseas pension scheme.

I declare that the receiving scheme is prepared to accept the transfer payment and that it will be used to provide appropriate retirement benefits within the receiving arrangement.



6 Payment details

Payments made to other insured schemes will only be made to the provider/insurer.

Name of pension provider

CRANFORDS

Address of pension provider

(including postcode)

48 CHORLEY NEW ROAD

BOLTON BLI 4 AP

Account name

ISTRAAT LIMITED SSAS

Bank name and address

ALLIED IRISH BANK

ST. JAMES HOUSE CHARLOTTE STREET

LACASHIRE MI 4DZ

Sort code

23-83-96

Account number

0469077

Payment reference

ISTRAAT LIMITED SSAS

Payments will be made by BACS. If alternate arrangements are required please speak to one of the Client Services Team on 0345 608 1680.



7 Declaration

I/We confirm that the information given in Section 5 is accurate to the best of my/our knowledge and belief.

Signed for on behalf of the receiving scheme

Emacion

Date

06/04/18

Print name

EMILY MEALISTER

-Position-

ADMINISTRATOR

Company stamp