

Pension Practitioner
33-35 Daws Lane
LONDON
NW7 4SD

Our Ref: SD.CJP
13 March 2015

Dear Sir

KPS Pension Fund

Michael Edward Kirk : DOB 29-05-1956 – NI No YY-25-17-53-B

Please find enclosed an authority form signed by our client, to enable us to be provided with information about the above policy.

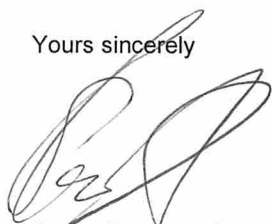
Mr Kirk has requested that we investigate the possibility of transferring his pension, and we would therefore be grateful if you could provide us with the following information:

- Full product details, including commencement date
- Current fund value
- Current transfer value
- Details of any market value reductions and bonus rates, if applicable
- Details of charges applying, to include:
 - a) Bid / Offer Spread
 - b) Annual Management fee
 - c) Policy fee
 - d) Fund Switching fee
 - e) Exit charges
- Details of any guarantees or guaranteed annuity rates applying
- Illustration of projected benefits to age 65, with and without continuing contributions
- Details of any special features applying under the policy
- Confirmation of the investment funds the pension is invested into including SEDOL/ISIN codes for the participating funds
- Are there any externally managed funds available and if so, where details of these can be found

Please also provide us with the relevant Transfer Discharge papers

We trust this meets with your approval and look forward to receiving the required information and documents in due course.

Yours sincerely



Steve Dossett DIP PFS
Financial Consultant

145 Walton Road
East Molesey
Surrey
KT8 0DU

t: 020 8941 9779

f: 020 8941 9741

e: info@lloydosullivan.co.uk

w: lloydosullivan.co.uk

To: 33-35 DAWES LANE, LONDON NW7 4SD

Adviser Firm Details (to be completed by your new Adviser)	Policy Holder Details
Date: 9/3/2015	Policy Holder 1 Name: KPS PENSION FUND LTD MICHAEL EDWARD KIRK
Adviser Firm Name: Lloyd O'Sullivan Financial Services	DOB (dd/mm/yyyy): 29.15.1956
Address: 145 Walton Road, East Molesey, Surrey	Policy Holder 2 Name: LYNNE KIRK
Postcode: KT8 0DU	DOB (dd/mm/yyyy): 26/8/1953
Tel No: 0208 941 9779	Address: 161 PARK CLOSE
Email: info@lloydosullivan.co.uk	WALTON-ON-THAMES
Your Agency Code:	SURREY
FRN:	Postcode: KT12 1EW
Note to Adviser: on submitting this form to Providers, you agree to indemnify the Providers should information be released or remuneration be paid which you are not entitled to	Contact Tel No (optional):
	Mobile No (optional):
	Email (optional):

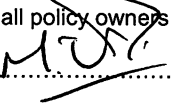
To: (Enter Name of Product Provider) PENSION PRACTITIONER^{TI}.COM

I / We Authorise / Appoint: Lloyd O'Sullivan Financial Services

Instructions:	
Please tick and complete Part A if requesting policy information only	
OR	
Please tick and complete Part B if requesting appointment of a new Financial Adviser	
Letter of Authority: Part A – Request for policy information only	
LoA Part A <input checked="" type="checkbox"/>	Please specify the type(s) of information required by selecting either one or both options below as required. If both boxes are left blank your instruction may be delayed.
To obtain policy information only, This will entitle your Adviser to receive information on policies identified below in Parts C & D	<input checked="" type="checkbox"/> Ticking this box will enable your Adviser to receive general policy information
	<input type="checkbox"/> Ticking this box will enable your Adviser to receive Adviser Charges and Commission information due from this date forward
Note: This authority will remain in place until I / we cancel it in writing	

Letter of Authority: Part B – Request for appointment of a new Financial Adviser	
LoA Part B <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
<p>In respect to all policies detailed below in Parts C or D, I/we understand that this will involve the ongoing authority for my / our new Adviser to:</p> <ul style="list-style-type: none"> Obtain policy information and request the transfer of servicing rights; Be responsible for giving financial advice; Provide ongoing servicing in respect to all policies detailed below in Parts C or D <p>This authority will remain in place until I / we cancel it in writing. I/We further instruct that the payment of remuneration payable under my/our policies to my/our new and previous Financial Advisers should be as detailed below</p> <p>Adviser Commission (Renewal/Trail)</p> <div style="border: 1px solid black; width: 40px; height: 15px; margin-bottom: 5px;"></div> <p>I / we confirm the transfer of any ongoing commission to my/our new Adviser and they have explained the services that will be provided in return for this payment (please note if this is not confirmed by ticking this box the renewal/trail commission will be stopped)</p> <p>Outstanding Initial Adviser Charges</p> <p>Please select one of the following when Initial Adviser Charges are still due to your previous Adviser and being paid for through your policy(cies):</p> <div style="border: 1px solid black; width: 40px; height: 15px; margin-bottom: 5px;"></div> <p>Outstanding Initial Adviser Charges to my/our previous Adviser will be stopped</p> <div style="border: 1px solid black; width: 40px; height: 15px; margin-bottom: 5px;"></div> <p>Outstanding Initial Adviser Charges due to my/our previous Adviser will continue to be paid (some product providers may not support this option)</p> <p>(Please note that if you are no longer planning on paying for charges in this way you will need to contact your previous Adviser to discuss settling any outstanding changes. Please also discuss the legal implications of this action with your new and previous Adviser)</p> <p>Ongoing Adviser Charges</p> <p>Any Ongoing Adviser Charges (deduct3ed from my/our policies and paid to my/our previous Adviser will be stopped.</p> <p>(Please tick the boxes below if the following statements are true):</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <p>Ongoing Adviser Charges (deducted from my/our policies) to be paid to my/our new Financial Adviser are to remain at the same level and frequency as those paid to my/our previous Adviser</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <p>The current level of Ongoing Adviser Charges have been fully discussed and agreed with my/our new Adviser</p> <p>Note to Adviser: Any variance in Ongoing Adviser Charges from those paid to the previous Adviser will need to be discussed and advised separately. Please note that separate Policy Owner consent to apply revised Adviser Charges to policies will be required.</p> <p>Please note that the above instruction will apply to all policies indicated in C or D below</p>	
<p>Please tick either Box C or Box D (*Basic policy information may be sent or made available online to your new Financial Adviser on receipt of this Letter of Authority)</p>	
C* <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0; position: relative;"> <div style="position: absolute; top: 5px; left: 5px;">✓</div> </div>	<p style="text-align: right; font-weight: bold; font-size: 1.2em;">KPS PENSION FUND</p> <p>Specific policy (cies) only – numbered as follows...../...../...../.....</p>
D* <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div>	<p>All of my/our policies. (Please provide at least one policy number as reference...../...../...../.....)</p>

Signatures of all policy owners (inc grantee(s), assignees(s), Trustee(s) where appropriate:

Signature  Full Name MICHAEL KIRK Role DIRECTOR Date 6/3/15

Signature Full Name..... Role..... Date.....

Signature Full Name..... Role..... Date.....

Signature Full Name..... Role..... Date.....