

8 October 2013

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

Dear Sirs

Client Name: Mr K Trubshaw

Application Type/Details: Pension Transfer

Please find enclosed the following documents.

· Completed Skandia transfer/discharge form

Please complete the transfer to SASS for the receiving scheme and forward to Skandia.

Skandia Investment Solutions
Skandia House
Portland Terrace
Southampton
SO14 7AY

The HMRC letter will be forward by post as soon as received

If you have any further questions or need further assistance then please do not hesitate to contact me, thanking you in anticipation of your prompt attention in this matter.

Yours sincerely

Mark Heys Cert APFS

Director





Skandia Investment Solutions

Transfer-out discharge form

For use with the Collective Retirement Account (CRA).

Form purpose

This form can be used in respect of a CRA to arrange:

- A transfer-out to an eligible Receiving Scheme.
- A transfer to an eligible Receiving Scheme following a Pension Sharing Order.

Important notes for completion

- Please complete part A or part B, as appropriate.
- · Part A of the form must only be completed by the accountholder for a transfer out.
- Part B should only be completed by the former spouse/civil partner* of the accountholder following a Pension Sharing Order.
- Part C of the form must be passed to the Receiving Scheme to complete.
- · Please use BLOCK CAPITALS only and blue or black ink.
- Please ensure all applicable sections of the form are completed clearly as missing or unclear information will result in a delay in processing
 or the return of this form.
- · A separate form should be completed for each account held.
- · This form must be signed as appropriate and sent to the address below:

Skandia, Skandia House, Portland Terrace, Southampton SO14 7AY

*As defined by the Civil Partnership Act 2004.

Important Information

· Only full transfers-out are permitted. No partial transfers are possible.

Part A.						
1 Personal details						
Title ✓ Mr	-1				1	1
TRUBSHOW						
First name				Middle	initial(s	3)
K51TH						
Address						
MORINDIN COTTOCE		1	-		1	
CHESTERTON BRIDENCETH		1	1			
	DI	1	5	E	50	X
Date of birth ▶ dd mm yyyy National Insurance number						•
18/10/1955 YY 76 66 08 B						
Please enter your client reference number, if known						
1505570691						
Please enter your Collective Retirement Account number						
400056138						

2 Discharge and Declaration

I hereby request that Skandia MultiFUNDS Assurance Limited release the value of all investments held under my CRA specified in Part A section 1 and make payment of the value as an authorised pension transfer to the scheme detailed in Part C section 1.

I confirm that I am the accountholder.

I understand that payment of a pension transfer amount can only be made where the receiving scheme is eligible to receive a pension transfer payment under HM Revenue & Customs rules.

I understand that the payment will not take place until Skandia MultiFUNDS Assurance Limited receives satisfactory assurances from the Receiving Scheme that it is eligible to receive a pension transfer payment under HM Revenue & Customs rules.

I accept that, where applicable, the outstanding Phased Initial Charge will be deducted from the value of the Account and retained by Skandia MultiFUNDS Assurance Limited. The amount paid as a pension transfer payment will be net of any outstanding phased investment charge.

I accept that the amount of transfer payment made will be dependent on the value of my investment holdings at the time of cancellation and that this value can fall as well as rise.

	Accountholder				7																
Z	V	شىرى							Date	▶ dd i		7.5	, [2 (ı l	į					
-									O	1		0	1	2 (, ,		5		e i saure		
3 Furth	ner commen	ts																			
ort D	Donoion (Shori	na Ord	or (7	- -	for	of E	200	soio		·odi	+	~	004)							
art B.	Pension S	Snari	ng Ora	er (I	rans	iter	OT F	er	ISIO	n cr	eai	t re	qu	est)							
is section	should be com	pleted b	y the forme	er spou	se/civil	partne	er* to a	arran	ge a	ransfe	er that	t has	arise	n follow	wing a	Pens	sion SI	harin	g Or	der.	
ember's na	ame						_								-1		-				
1 1	1 1 1	1 1	1 1	1				Ÿ	1												1
ollective Re	etirement Accou	int numb	per																		
1 1	1 1 1	1 1	,																		
1 1	1 1 1	1 1	1 1																		
1 -					100 25		(Allen)	1410	10011	1100	W SY	1. 23		-120	MI	- ITCH			HI L	3 10	F308
1 Form	er spouse/o	ivil pa	rtner de	etails					1731			0.0		244		4 11	412-51	414	100	57.	
tle	0	-	`		011					1 1			-1						1		7
) Mr) Miss	0	Other I	plea	se spec	city		1 1		1	1		. 1	1		1	1	1	1
urname		1	- 1	-	1 1																
	1 1 1							1				1					1			1	1
st name									.,							_		1	Mid	dle ir	nitial(s)
1 1		1 1	1 1			1		,	1							1				i.	1
ddress							-														
101000		1 1	1 1			- 1	1		1	1			- 1				1		1	1	1
++		1-1	-+-	-	+-+	-	-	-	1	11	-	-+	-	-+-	+	+	+-	-			-
				_	-		14										_				
		1 1			1 1	-			15	1 1			Posto	code			1		1	i.	i
	dd mm ianar			1	Vational	Insur	ance r	numh	per									-			
ato of hirth	/ I			ĺ	Valional	Illaul	ancer	Iditik													
ate of birth				the de	cree ab	solute	togeth	her v	vith th	e appl	icatio	n forn	n for	the re	ceivino	sche	eme st	tated	l in P	art C	section
/	se the Pension	Sharing	Order and																		
	ose the Pension	Sharing	Order and	the de													31.110 01				
lease enclo	on						or tha	value	of th	o fund	le ent	itlad t	0 00	from	the of				Acco	ount:	to the
ease enclo	on uest Skandia M	ultiFUN[OS Assuran	ce Lim	ited to t	ransfe	er the v	value sfer	e of th	e fund ent wi	is ent	titled t	o me	from	the at	oove i	mentio	ned	Acc	ount	to the
ease enclo eclarationereby required schools and the second schools are second schools and the second schools are second schools	on uest Skandia M neme detailed ir	ultiFUNI n Part C	OS Assuran section 1.	ce Lim	ited to t	ransfe	er the v	value sfer	e of th Paym	e fund ent wi	is ent	titled t made	o me direc	from t to th	the at	oove i	mentio	ned	Acco	ount :	to the
ease enclo Declaration nereby required ceiving sch	on uest Skandia M	ultiFUNI n Part C	OS Assuran section 1.	ce Lim	ited to t	ransfe	er the v	sfer	Paym	ent wi	ll be r	made	o me direc	from t to th	the at	oove i	mentio	ned	Acco	ount :	to the
lease enclo Declarationereby required scriving sch	on uest Skandia M neme detailed ir	ultiFUNI n Part C	OS Assuran section 1.	ce Lim	ited to t	ransfe	er the v	sfer	Paym	e fund ent wi	ll be r	made	o me direc	from to the	the at	oove i	mentio	ned	Acco	ount :	to the

Part C. Receiving Scheme Declaration

Part C of the form should be completed by the scheme's trustees or an authorised signatory of the Receiving Scheme. The form should then be returned to Skandia together with the completed Part A or B.

On receipt of the form, and all our requirements, payment will be dispatched direct to the Receiving Scheme together with details of the transfer. A copy of the Receiving Scheme's Pension Scheme Registration document should be submitted with the form.

Receiving Sche	eme na	me																									
				1	1								77					Ta at			1						
ension Schen	ne Tay	Reniet	ration	num	her	PST	RI D	nlage	o oncl	nee a	conv	of vour	Regis	etration	n doci	ment											7
erision ochen	io rax	legist	Tation	Tiditi				pieda	e erici	036 a	copy	or your	riogis	ou auto	7 0000	incin											
			1		R	1																					
rustee/Schem	ne Adm	nistra	tor's	name	1	Ť	-		-	-		- 1	-	-	-					-		-	-		-	T	-
E E		1	1	1	1		1					1:	1	1	9			12			1	1	1	1	-1	1	
Address																											
							1									1											
	-	+	-	+	+	+	1	+		-		-	-	+	+	+	+	+	+		+	+	+	+	+	-	-
1 1			1	4	-	-	-		-	-	1	-		-	-	-	-	1	1			-	-	-		1	
Y 1			6	7		7											Po	ostco	de	10	a a					90	
count refere	nce nur	nhor																									٦
d willing and Yes	authori	sed to					nsfer	s?		The state of the s																	
Yes Payme Playme Playme Playme	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with	payi	ment.	Pleas	se ad	dvise to re	if you	u requ	uire a	iny sp	pecifi	c info	ormat	tion.	Payn	nent (of the	e tran	sfe
Yes Payme Ull details of the lalue will be me	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with	payi at yo	ment.	Pleas uld pr	se ad	dvise to re	if you	u requ	uire a	iny sp	pecifi ase s	c info	ormat y you	lion. ur ba	Payn	nent (of the	e tran	sfe
Yes Payme ull details of the lalue will be me	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with	payr at yo	ment.	Pleasuld pr	se ad	lvise to red	if you ceive	u requ	uire a	any sp	pecificase s	c info	ormat y you	lion.	Paym	nent (of the	e trantails.	sfe
Yes Payme Ull details of the lalue will be me	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with ify the	payr at yo	ment.	Pleasuld pr	se ad	dvise to red	if you ceive	u requ a ch	uire a	any sp	pecificase s	e info	ormat y you	tion. ur ba	Paym nk ad	nent (of the	e trantails.	sfe
Yes Payme Playme Payme Pay	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with	payi at yo	ment.	Pleasuld pr	se ad	dvise to re	if you ceive	u requia ch	uire a	any sp	pecificase s	c info	ormat y you	tion. ur ba	Payn nk ad	nent o	of the	e trantails.	sfe
Yes Payme Paym	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with	payriat yo	ment.	Pleas uld pr	se ad	dvise to re	if you ceive	u requ	uire a	any sp	oecifi ase s	c info	ormat y you	ion. ur ba	Paym	nent (of the	e trantails.	sfe
Yes Payme Payme Ull details of the lalue will be mank name ccount name	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with hify the	payri at yo	ment.	Pleas uld pr	se addrefer	dvise to re	if you	ı requ	uire a	any sp. Plea	oecifi ase s	c info	ormation of the second of the	dion.	Paym	nent (of the	e trantails.	sfe
Yes Payme Payme Ull details of the lalue will be mank name ccount name	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with the	payr at yo	ment.	Pleas uld pr	se ad	dvise to re	if you ceive	u requ	uire a eque	any sp. Plea	oecifi aase s	c info	ormat y you	ur ba	Paymnk ac	nent (of the	e tran	sfe
Yes Payme Payme Ull details of the lalue will be mank name ccount name	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with ify the	payu aat yo	ment.	Pleas	se ad refer	lvise to re	if you	u requ	uire a	uny sp. Pled	pecificance s	c info	prmat y you	ion.	Payn nk ac	nent (of the	e trantails.	sfe
Yes Payme Payme Ull details of the lalue will be mank name ccount name	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with ify the	payri at yo	ment.	Pleas uld pr	se addrefer	dvise to rea	if you	u reques a ch	uire a seque	any sp. Ple	pecificance s	c infduppl	pormat yy you	ation.	Paym	nent (ccour	of the	e trantails.	sfe
Yes Payme Paym	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with ify the	payriat yo	ment.	Pleasuld pr	see adderefer	dvise to re	if you	u reques a ch	eque	e. Ple	ase s	c info	prmati y you	dion.	Paymnk ad	nent (of the	e trantails.	sfe
Yes Payme Payme Ull details of the lalue will be mank name ccount name	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with hify the	payrat yo	ment.	Please Please	se addrefer	dvise to re-	if you ceive	u requie a ch	eque	any span Plea	ase s	c infouppl	primately you	ion.	Paymnk ac	nent (of the	e trantails.	sfe
Yes Payme Payme Full details of the sank name Cocount name	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	with with the wind th	at yo	ment.	Pleaauld pr	see adderefer	dvise tto re	if you ceive	u requia a ch	eque	o. Plea	de s	suppl	y you	ur ba	Paynnk ad	nent (of the	e tran tails.	sfe
	nt del	No No ails	acce	ept pe	ensio	n tra	e sup	plied	ify the	at yo	ment.	Pleasuld pr	se addrefer	dvise to re	if you ceive	J require a ch	eque	o. Plea	de s	suppl	prmaty you	ur ba	Paynnk ac	nent (ccour	of the	e tran	sfe

3 Receiving Scheme declaration

We confirm that the information supplied is true and correct.

We confirm that we are the authorised trustees of the scheme or are the authorised administrators of the Receiving Scheme.

We confirm that the signatory/signatories below is/are authorised to represent the Receiving Scheme in these matters.

We authorise HM Revenue & Customs and The Pensions Regulator to provide information about the Receiving Scheme to Skandia MultiFUNDS Assurance Limited.

Date ▶ dd mm yyyy / 2 0 Position	
Position	
Print name	
Signature	
Date ▶ dd mm yyyy	
/ / 2 0	
Position	
Print name	
	1 1
4 Further comments	1
Skandia	
Skandia House	
Portland Terrace	
Southampton	

www.skandia.co.uk

SO14 7AY

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Skandia provides you with access to its investment platform, known as Skandia Investment Solutions. Within this platform you can open an ISA and Collective Investment Account provided by Skandia MultiFUNDS Limited and a Collective Retirement Account and Collective Investment Bond provided by Skandia MultiFUNDS Assurance Limited.

Skandia MultiFUNDS Limited and Skandia MultiFUNDS Assurance Limited are registered in England & Wales under numbers 1680071 and 4163431 respectively. Registered Office at Skandia House, Portland Terrace, Southampton SO14 7EJ, United Kingdom. Both companies are authorised and regulated by the Financial Services Authority. FSA register numbers 165359 and 207977 respectively.

VAT number 386 1301 59.

When printed by Skandia this item is produced on a mixed grade material, which uses a combination of recycled wood or paper fibre from controlled sources and virgin fibre sourced from well managed, sustainable forests.





Skandia House Portland Terrace Southampton SO14 7AY United Kingdom T +44 (0) 23 8033 4411 F +44 (0) 23 8022 0464 www.skandia.co.uk

FAO Mark Heys
Chequers Wealth Management Ltd
10a Chequers Yard
St. Johns Street
Bridgnorth
Shropshire
WV15 6AG

6 August 2013

Dear Mr Heys,

Re: Skandia CRA 400056138 Client Name: Mr Keith Trubshaw

I am writing to you in respect of the proposed transfer of the above policy, and enclose our transfer out discharge form for completion and return.

I can confirm that the Skandia Personal Pension is a registered pension scheme under the Finance Act 2004. The PSTR number is **00615957RJ**.

The current transfer value of the policy, which is not guaranteed, is £172,683.84. This value consists fully of crystallised benefits.

If you have any questions, please call our Helpdesk on 0808 171 2626.

Yours Sincerely,

Matto.

Steven Pitcher SIS Pensions