

RECEIVED
05 JAN 2018



Ms E Dane
Cranfords
48 Chorley New Road
Bolton
Lancashire
BL1 4AP

03 January 2018

Dear Ms Dane

RE: Leo 1929 SSAS – Rosalind Altmann

Please find enclosed the Liberty SIPP transfer out form for the above client.

Should you have any queries please don't hesitate to contact me.

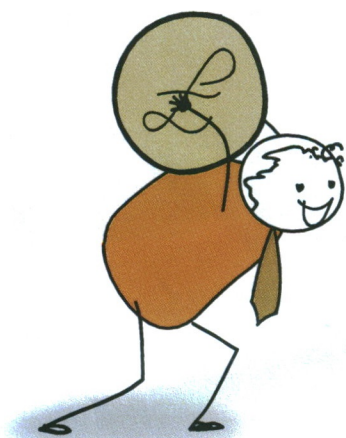
Yours sincerely

Rhianna Noble
Administration Apprentice

Head Office: Riverdale, 89 Graham Road, Sheffield S10 3GP Tel: 0114 263 0888
Email: info@tag.uk.com Web: www.tagwealth.co.uk

TAG Wealth Management is an appointed representative of Intrinsic Financial Planning Ltd and Intrinsic Mortgage Planning Ltd, which are authorised and regulated by the Financial Conduct Authority

Partners: D.Thompson MIFS DipFA, A.R.M.Young MIFS DipFA



TRANSFER OUT FORM



MEMBER REF (Office use only)

Part A (to be completed by the member)

Name: Rosalind Altmann

National Insurance Number: WA-14-45-40-C

Address:

9 Fairholme Close, London, England

Postcode: N3 3EE

Account Number: A199

Transitional or Fixed Protection:

We recommend that you seek independent financial advice before completing this section.

Have you registered for enhanced, primary or fixed protection with HMRC

Yes ☐ No ☒

If yes please send us a copy of the HMRC certificate.

Do you have a protected pension age (i.e. you are entitled to take benefits before age 55)

Yes ☐ No ☒

If yes what is the protected pension age

Member Declaration

Type of transfer:

Full ☒

Partial ☐

if this is a partial transfer please confirm amount:

If this is a full transfer please wind up the above plan and transfer the benefits arising to the scheme detailed in PART B below. I confirm that your compliance with this request shall be a full discharge of the liability of Liberty SIPP Limited and Liberty Trustees Limited in respect of the above plan.

Please encash all investments and transfer out in cash

☐

Please transfer all investments in specie; any cash on the Metro Bank account(s) will also be transferred to the Receiving Scheme

☒

Signature:

R Altmann

(Member)

Date:

03.01.2018

Signature:

(Authorised signatory, Liberty SIPP)

Signature:

(Authorised signatory, Liberty SIPP)



Part B (to be completed by receiving scheme)

Receiving Scheme/Insurer/Policy No:

Address/Post Code of Scheme/Provider

Is the Scheme a Registered Pension Scheme under Chapter II Part IV of the Finance Act 2004? Yes ☐ No ☒

If NO the transfer cannot go ahead unless an annuity is being purchased

HM Revenue & Customs Reference Number

Contracting Out reference (ie ASCON/SCON/ECON/ASCN)

Please tick the appropriate box describing the type of Receiving Scheme

Fully invested in insurance policies with the provider named above	<input type="checkbox"/>
Small Self Administered Scheme (SSAS)	<input checked="" type="checkbox"/>
Self-Invested Personal Pension (SIPP)	<input type="checkbox"/>
Defined Benefit Scheme	<input type="checkbox"/>
Qualifying Recognised Overseas Pension Scheme	<input type="checkbox"/>
Annuity Provider	<input type="checkbox"/>

Payment Instructions (tick as appropriate)

Payee

By BACS (subject to a charge) ☐ By immediate transfer eg CHAPS (subject to a charge) ☐

Bank

Address

Sort Code

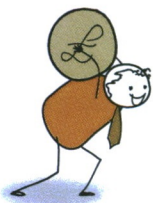
Account Name

Account Number Ref

Declaration By Receiving Scheme

I confirm that the above information is correct and agree to the transfer of benefits. I authorise HM Revenue & Customs to confirm, or otherwise, to Liberty SIPP that the Receiving Scheme is a Registered Scheme.

Signature	<input type="text"/>	Position	<input type="text"/>
Name (in capitals)	<input type="text"/>	Date	<input type="text"/>



LIBERTY SIPP LIMITED

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FINANCIAL CONDUCT AUTHORITY (REGISTRATION NO: 476409).