



21<sup>st</sup> December 2017

Pension Practitioner  
48 Chorley New Road  
Bolton  
BL1 4AP

Dear Sir/Madam,

**RE:** Rosalind Altmann – **D.O.B:** 08/04/1956  
**NINO:** WA144540C

**RE:** Paul Richer – **D.O.B:** 15/04/1952  
**NINO:** YS359865B

We have received requests for the above clients from yourselves to transfer their pensions to the Leo 1929 SASS.

It was requested that the funds for both clients be paid by cheque, unfortunately we do not pay funds out to other schemes in this manner.

I have enclosed 2 copies of Part B of our transfer forms, one for each client. Please fill out the payment instructions section with the bank details on where the funds should be sent.

Once we have received these, we can then process the rest of the transfers.

If you have any queries on anything that has been mentioned above, please do not hesitate to get in touch on 0161 763 7070.

Yours Sincerely,

Jack Campbell  
Liberty SIPP Team

LIBERTY SIPP LIMITED

HEAD OFFICE:  
THE EXCHANGE,  
BANK STREET,  
BURY BL9 0DN

TEL: 0161 763 7070  
EMAIL: CUSTOMERSERVICES@LIBERTYPENSIONS.COM  
WEB: WWW.LIBERTYPENSIONS.COM

COMPANY REGISTRATION NO: 6365953,  
AUTHORISED AND REGULATED BY THE FINANCIAL  
CONDUCT AUTHORITY (REGISTRATION NO: 476409).



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

Yes ☐ No ☐

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 ☐

Small Self Administered Scheme (SSAS) ☐

Self-Invested Personal Pension (SIPP) ☐

Defined Benefit Scheme ☐

Qualifying Recognised Overseas Pension Scheme ☐

Annuity Provider ☐

## 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  Position

Name (in capitals)  Date

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

Yes

☐

No

☐

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Small Self Administered Scheme (SSAS)

☐

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☐

Defined Benefit Scheme

☐

Qualifying Recognised Overseas Pension Scheme

☐

Annuity Provider

☐

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By BACS (subject to a charge)

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Date