



Mark Begg

Asset Management

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SY1 1RW

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London
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Mr B Davis
Pension Practitioner.com Ltd
Daws House
33-35 Daws Lane
London
NW7 4SD.

19th December 2014

Dear Brad

Re: SIPP to SSAS. Mr Philip Buckingham.

I have pleasure in enclosing the following documentation in relation to the transfer of benefits from AJ Bell Investcentre account no. SCC721375 to you.

1. AJ Bell Investcentre Transfer Discharge Form – for your completion and return to:

AJ Bell Investcentre,
Trafford House,
Chester Road,
Manchester,
M32 0RS.

2. James Brearley & Sons (Stockbrokers) Third Party Mandate Form.

They have informed me that PP.com Ltd need to sign the form where indicated, acknowledging us (Mark Begg Asset Management) as the third party giving the advice. They have asked that one, or two directors if there is more than one director, should sign the form. The return address is:

James Brearley & Sons
PO Box 34
Walpole House
Unit 2, Burton Road
Blackpool
FY4 4WX.

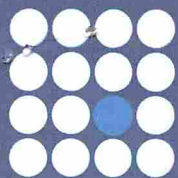
If you have any queries regarding the need to have directors as signatories, please contact Mandy Booth on 01253 831211.

I trust the above is in order, but get back to me if there are any discrepancies.

Best wishes for Christmas and the New Year.

Yours sincerely,

Keith Phillips.



James Brearley & Sons

Investment Managers & Stockbrokers

Established 1919

Member of the London Stock Exchange

Authorised & Regulated by
the Financial Conduct Authority

Member of the Wealth Management Association

THIRD PARTY MANDATE FORM

This form enables a client of James Brearley & Sons Ltd to authorise a named person to act on the account holder's behalf for those activities which have been specified below.

Client account number

Client name

MR P BUCKINGHAM

PENSION PRACTITIONER . COM LTD

Client address

THE MOAT HOUSE

DAWS HOUSE

HERTFORD

33-35 DAWS LANE

SG14 2LB

LONDON

NW7 4SD

Name of the Third Party

Address of the Third Party



Telephone Number of the Third Party

Date of Birth of the Third Party

N/A

Mother's Maiden Name of the Third Party

N/A

Signature of the Third Party

I authorise James Brearley & Sons Ltd to accept instructions from the third party named above for the activities detailed below. (Please tick all that apply)

Instructions to Buy / Sell on my behalf ☒

Instructions for transfer &/or payment of funds ☒

I authorise James Brearley & Sons Ltd to give the third party named above information as detailed below that may be requested from time to time. (Please tick all that apply).

Portfolio details or details of previous transactions ☒

Account details of previous payments ☒

10/12/2014

Signed

Dated

DIRECTOR of PP.com

DIRECTOR of PP.com

A.N. OTHER
IF MORE THAN
ONE DIRECTOR

X

X

APPLICATION FORM

Before completing this application form, please ensure that you have read the Services, Terms & Conditions. It is important to complete this form as far as possible, as we can only act in accordance with the information provided. Forms not fully completed may be returned.

Please complete this form using BLOCK CAPITALS and tick boxes where applicable.

To be completed in all cases

Primary Account Holder

Title: Mr/Mrs/Miss/Ms/Other

MR

Surname

BUCKINGHAM

Forename(s)

PHILIP

Address

228 HERTINGFORD BURY RD
HERTFORD

Postcode

SG14 2LB

Tel. (Home)

01992 500580

Tel. (Mobile)

Tel. (Work)

01992 537 874

e-mail address

Phil@thebuckingshams.co.uk

Date of Birth

28 MARCH 1953

NI Number

YY 65 55 17 C

Residency

UK

Mother's Maiden name
(for security purposes)

GARDEN

Do you have any connection with a listed company?

If so please describe this below:

Company
Name(s)

NO

Description
of Connection

Joint Account Holder *see Note below*

Title: Mr/Mrs/Miss/Ms/Other

Surname

Forename(s)

Address

Postcode

Tel. (Home)

Tel. (Mobile)

Tel. (Work)

e-mail address

Date of Birth

NI Number

Residency

Mother's Maiden name
(for security purposes)

Do you have any connection with a listed company?

If so please describe this below:

Company
Name(s)

Description
of Connection

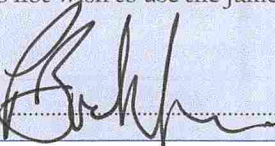
Note: If you wish to open a joint account, both parties should complete and sign the relevant section(s).
In Joint Accounts all stocks and cash will be recorded in joint names.

I/We confirm that I/we have read and understood the terms and conditions detailed in the Services, Terms and Conditions.
I/We also confirm that information contained in this form is accurate.

Unless otherwise indicated, I/we would like to use the James Brearley & Sons Nominee Service and have my/our investments registered in the name of a nominee company as described in the Services, Terms & Conditions.

I/we do not wish to use the James Brearley & Sons Nominee Service ☐ (tick if applicable.)

Signed



Date

10/12/2014

Signed

Date

In order for regular income and any other payments to be distributed, please provide your own Bank/Building Society details, such as a bank statement or paying in slip.

SIPPDEAL E-SIPP TRANSFER DISCHARGE FORM

Arrangement: AJ Bell Investcentre
Member: Philip John Buckingham
Account Number: SCC721375

To be completed by the Member (Please complete all parts)

Reason for transferring?
(Please select all that apply)

Lower charges	<input type="checkbox"/>
Adviser recommendation	<input checked="" type="checkbox"/>
Consolidation	<input type="checkbox"/>
Greater flexibility	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

Did you receive advice in relation this transfer? ☒ Yes / No (please circle)

If yes, from whom did you
receive advice?
(Please insert details)

Name
Address
Telephone number



How do you wish to transfer your assets? CASH only ☐
IN-SPECIE ☒

Amount of transfer? All of my fund ☒ or amount £

CIRCA £750,000 IN SPECIE ASSETS PLUS CIRCA £250,000 CASH

I hereby request you to transfer the amount specified above from the benefits to which I am entitled under the arrangement named above, and pay the transfer value to the receiving scheme stated below.

I declare that I am legally entitled to the benefits in question, which the arrangement secures. I agree that payment by you in accordance with these instructions will fully discharge A J Bell Management Limited and Sippdeal Trustees Limited from liability to provide benefits for me under the above arrangement, and I indemnify you against all claims or proceedings made against you in respect of the benefits to be transferred, and against all resulting losses and expenses, which you may incur.

I confirm that neither myself nor any party connected with me will be in receipt of any payment as a result of this transfer and its subsequent investment other than authorised pension and lump sum benefits, payable to me no earlier than from age 55.

Signed by the member in his/her capacity as member to the arrangement:

Phil Buckingham

Dated **15.12.2014**

To be completed by the receiving scheme

Arrangement:

Member:

Account Number:

I/We agree to accept the transfer payment from the above arrangement and confirm the receiving scheme is a registered pension scheme under Finance Act 2004.

Full name of receiving scheme

HMRC pension scheme tax reference

Scheme administrator's name:

Address:

Telephone number

Type of scheme (please select)

Occupational Scheme / SSAS	<input type="checkbox"/>
Occupational Scheme / non SSAS	<input type="checkbox"/>
SIPP / Personal Pension	<input type="checkbox"/>
Other (please state)	<input type="text"/>

Please complete this section if type of Scheme is an Occupational Scheme

Pensions regulator reference number	
Sponsoring employer(s) name(s)	
Company number(s)	
Company registered address	
Employer relationship with member?	
Is the member also a Trustee? (If yes, please provide a copy of the deed of appointment)	
What is the name of the regulated investment service provider for the Scheme?	
FCA number for regulated investment service provider named above	

Please complete this section if type of Scheme is a Personal Pension, SIPP or Other

Scheme operators name	
Operators address	
FCA number	

Scheme administrator bank details

The transfer payment will be paid directly to the Scheme Administrator's bank (please note that it is not possible to issue a cheque).

For security purposes we may call to confirm the bank account details:

Bank name:	
Account name:	
Account number:	
Sort code:	
The reference to be quoted	

If the client has requested an in-specie transfer, can you please complete the following: -

Stockbroker Details

Name of stockbroker:	JAMES BREARLEY & SONS
Address:	PO Box 34, WALPOLE HOUSE, UNIT 2, BURTON ROAD, BLACKPOOL. FY4 4WX
Telephone number:	01253 831100
Account no / Reference	TO FOLLOW ONCE ACC. OPEN.

Signed: Dated
(Authorised signatory of the receiving scheme)

Position: