

Ref: RWP/JCM
Date: 14th July, 2015

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

Dears Sirs


RE: The MCH Holdings Limited Director's Pension Scheme

Please find enclosed a signed Letter of Authority for the above client. Please ensure that all renewal commission/adviser fee payable is transferred to our Agency. Please confirm the current rate of renewal/trail commission or adviser fee.

- Type of Policy
- Start date
- Premium and frequency
- Full transactions history
- Selected retirement Age
- Full valuation including:
 - Fund names
 - Units
 - Prices
- Transfer value
- Details of any transfer penalties (if any)
- Projection of benefits to Normal Retirement date on basis paid up and Premiums continuing if regular contributions being paid
- Transfer Discharge Form.
- Source of transfer payment in, split between ordinary and GMP benefits, if applicable.
- Explanation of any reductions in the Transfer Value
- Any Protected Tax Free Cash/Retirement Age
- Any Guaranteed Rates including annuity rates; fund growth rates
- Full breakdown of all charges connected with this plan, including fund and administration fees.
- A split of the Contributions and Current Fund Value for the 2 individual members of the Scheme

Thank you for your assistance in this matter.

Yours faithfully



Jan Marais

Paraplanner

5 Temple Square, Temple Street, Liverpool, Merseyside L2 5RH
t: 0151 255 2300 f: 0151 255 2301
w: www.mitchellcharlesworth.co.uk
Offices also at: Chester • Manchester • Warrington • Widnes



MANOR CAR HIRE LTD
4 WEBSTER COURT
WEBBROOK CRESCENT
WARRINGTON
WAS 8WD.

SILVERLEA

PRESTON ROAD

CHARNOCK RICHARD

CHORLEY

PR7 5HH

PENSION PRACTITIONER.COM

DAWS HOUSE

33-35 DAWS LANE

LONDON, NW7 4SD.

Dear Sirs,

Policy Number: THE MCH HOLDINGS LIMITED DIRECTORS
Type of Policy: PENSION SCHEME

Please note the details of my financial adviser as follows:

Mitchell Charlesworth (MC WEALTH MANAGEMENT (U.K) LTD)
5 Temple Square
Temple Street
Liverpool
L2 5RH

Please accept this letter as my authority for you to provide any requested information regarding the above noted policy and transfer the servicing rights accordingly along with any trail and renewal commission.

I / we trust that this is satisfactory for you to comply with my wishes and request that you confirm to Mitchell Charlesworth when you have amended your records.

Yours faithfully,

Signatures: 

Name: Mitchell Charlesworth

DOB: 14/7/1972

NI Number: NY-31-25-99-0

Date: 9-7-15

ON BEHALF OF THE SCHEME.