



ST. JAMES'S PLACE
WEALTH MANAGEMENT

CLIENT DECLARATION
FOR TRANSFERS INTO A ST. JAMES'S PLACE RETIREMENT ACCOUNT

PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK

Client Full Name

MR. ROBERT DANIEL LEVIN

Partner Name

KAYE CROSM

Partner Code

998 478 Z

Are you an existing St. James's Place client?

Yes

No ☒

If Yes, what is your account number?

MAIFAIR ESTATES PROPERTY INVESTMENT
LTD SSAS

Client Declaration

To the Existing Pension Scheme(s) Administrators

1. I authorise and instruct you to transfer sums and assets from the Scheme(s) above directly to St. James's Place and to provide any instructions and/or discharge required by any relevant third party to do so.
2. Where you have asked me to give you any original policy document(s) in return for the transfer of sums and assets and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the transfer(s) from the scheme(s) above.
3. I authorise you and St James's Place to obtain from each other and release to each other any information that may be required to enable the transfer of sums and assets to St. James's Place.
4. I authorise you to obtain from and release to my St. James's Place Partner any additional information that may be required to enable the transfer of sums and assets.
5. I authorise you, St. James's Place and any employer paying contributions to any of the Scheme(s) above, to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to St. James's Place.
6. Where the payment(s) made to St. James's Place represent(s) all of the sums and assets under the Scheme(s) above, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the Scheme(s) listed above.
7. Where the payment(s) made to St. James's Place represent(s) part of the sums and assets under the Scheme(s) above then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the Scheme(s) represented by the payment.

To St. James's Place and Existing Pension Provider

1. I promise to accept responsibility in respect of any claims, losses and expenses that St. James's Place and the current provider(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.
2. I consent to St. James's Place giving to or obtaining from the administrator or insurer of the transferring arrangement

Signature of Client



Date 27062019

Daytime phone number (including area code)

07859894595

Signature of Trustee in Bankruptcy

Date

Please print your title and name

Daytime phone number (including area code)

To be completed if the Client is under 18

1. I confirm I am the parent/legal guardian of the above-named Client.
2. I understand that I will be responsible for the Retirement Account until the Client reaches 18.

Signature of parent or legal Guardian

Date

Please print your title and name

Daytime phone number (including area code)

or others, such further information as may be reasonably necessary for the installation and administration of any Plan set up as a result of the transfer.

3. I agree that until this application is accepted and complete, the responsibility of St. James's Place is limited to the return of the total payment(s) to the current Scheme Administrator.

Signature of Power of Attorney

Date

Please print your title and name

Daytime phone number (including area code)

Signed for and on behalf of the Trustees

Date

Please print your title and name

Daytime phone number (including area code)

3. I understand that the transfer paid to the Retirement Account may only be returned to the Client in the form of benefits payable under the rules of the scheme.



Pension

Mayfair Estates Property Investment Limited SSAS VALUATION & BENEFIT STATEMENT AS AT 05 April 2018

| | | | |
|------------------------|------------------------|-----------------|-------------|
| Name | Mr Robert Daniel Levin | Date of Birth | 16-Dec-1953 |
| Sex | Male | Marital Status | Married |
| National Insurance No. | YW194055A | Spouse's D.O.B. | N/A |

CONTRIBUTIONS TO YOUR PENSION ACCOUNT

| | |
|--|-------|
| Employer monthly contributions to the fund from 01 April 2017 to 05 April 2018 | £0.00 |
| Your monthly contributions to the fund from 01 April 2017 to 05 April 2018 | £0.00 |

YOUR SHARE OF FUND

| | |
|--|-------------|
| Your share of the fund as at 05 April 2018 (£) | £339,138.00 |
| Your share of the fund as at 05 April 2018 (%) | 100 |

This is a retirement illustration forecast to a notional retirement age of 70.

The value of your fund as at 05 April 2018 is £339,138.00

If you continue working until your retirement age your fund value will be £353,000.00

This will produce a tax free cash of £88,300.00 and a pension income of £15,200.00 p.a.

Notes:

This benefit statement is for illustration purposes only and is not guaranteed.

It has been assumed that:

1. Investments increase by 5% p.a. until retirement.
2. Contributions continue until NRA.
3. Expenses before retirement are 1% of the value of the scheme.
4. The pension is on a single life basis, non-increasing, payable monthly in advance.
5. The figures are stated in today's terms, this means that inflation is compounded annually at 2.5%. The income has been discounted back allowing for this inflation rate.
6. Values have been calculated based on the fund splits provided to us, otherwise we have assumed an equal entitlement to funds for all members of the pension scheme.

Should you require a more detailed calculation specific to your requirements, including a target-benefits statement for retirement at a future date please contact Pension Practitioner.

Merthyr Tydfil

CF48 4DR

T: 0800 634 4862

F: 020 8711 2522

Pension Practitioner is a tradestyle of The Practitioners Partnership LP

Registered Number: 00159

Registered Office: 1st Floor, World Trade Centre, Baytree Road, Gibraltar GX11 1AA

IMPORTANT - PLEASE NOTE The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you received this in error please contact the sender and destroy this email.

If you wish to view the St. James's Place Partnership email disclaimer, please access the link below

<https://www.sjp.co.uk/site-services/site-disclaimer/sjpp-email-disclaimer>

Kind Regards

Emily McAlister
Administrator

Please note our new administration and post processing centre:

Pension Practitioner
Office 12
Venture Wales Building
Pentrebach
Merthyr Tydfil
CF48 4DR

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F: 020 8711 2522

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Outward Payment Instruction (Faster Payments & CHAPs)



Allied Irish Bank (GB)

V.A.M.

Registered Scheme Administrator

1. Customer details

Customer Name

Mayfair Estates Property Investment Limited SSAS

Account Number

0 4 9 1 9 0 8 8

2. Payment details

Payment Type

☒ Faster Payment (No Fee)

☐ CHAPs (£25.00 Fee)

☐ Account To Account Transfer

Amount (GBP)

2 4 2 5 1 8 0 3

Date To Process

D D M M Y Y Y Y

Amount in Words

Two Hundred and Forty Two Thousand, Five Hundred and Eighteen pounds, Three Pence.

3. Beneficiary Information

Beneficiary Name

ST. JAMES'S PLACE UK PLC

Beneficiary Sort Code

2 0 1 3 4 2

Beneficiary Account Number

5 0 6 4 2 3 7 1

Payment Reference (if applicable)

LEVIN/RA24434813

4. Customer Signature

Authorised Signature

Date:

Authorised Signature

Date:

FOR INTERNAL USE ONLY

☐☐☐☐☐

Input By:

Signature:

Date:

D D M M Y Y Y Y

Authorised By:

Signature:

Date:

D D M M Y Y Y Y