

Your ref
Our ref ULFUNVA1/EGLC/None/RMr J R Miller
31 Campbell Close
Walshaw
Bury
Lancashire
BL 8 3BB

16 July 2014

Dear Mr Miller

Personal Pension Account (Series 2) : 4751437D

Thank you for your recent enquiry.

Please find below details of the current value of your plan.

Fund	Number of units	Bid price on 16 Jul 2014	Value
Japanese Pen	1648.357	£1.296	£2,136.25
Far Eastern Pen	433.332	£12.597	£5,458.67
Adventurous Pen	1783.094	£2.748	£4,899.93
Current Value			£12,494.85

Please remember that unit prices vary from day to day and that the amount you will receive if you encash your investment will depend on its value, adjustments and terms at that time.

We have made every effort to ensure that this value is correct, although we cannot guarantee that it is free from error. We hope that you will accept it on this basis.

If you have any queries, please contact Customer Services on 0845 606 2266 or alternatively, your financial adviser.

Yours sincerely

*R Cruze*R Cruze
Customer Services

241548C02000001600060006



Your ref
Our ref PPCLMAIN/EGLC/None/R

241548O020/000016

000 - 001
Mr J R Miller
31 Campbell Close
Walshaw
Bury
Lancashire
BL8 3BB

16 July 2014

Dear Mr Miller

Personal Pension Account (Series 2) : PPA1/ 4751437D

Thank you for your recent enquiry.

We have pleasure in enclosing the following document(s) :

- a Current Transfer Value
- a Current Unit Statement.

If you require any further information, please contact Customer Services on 0845 606 2266 or, alternatively, your financial adviser.

Yours sincerely

*R Cruze*R Cruze
Customer Services

241548O02000001600010006



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Lancashire
BL 8 3BB

16 July 2014

Dear Mr Miller

Personal Pension Account (Series 2): PPA1/ 4751437D

Thank you for letting us know that you are considering transferring your pension fund to another pension provider. The transfer value differs from the basic fund value, as explained below. We suggest that you receive independent financial advice before making any decision to transfer your policy.

Financial Companies spread the charges that cover the expenses of setting up a pension plan over the full anticipated term of the plan. However, if the plan ends early, the usual practice is to adjust the fund value to recover a part or all of the remaining costs. Such a deduction would be made from the account.

The transfer value of the policy, as at 16 July 2014, is £11,928.38 calculated as follows:

Source of investment	Regular Premiums	Former Protected Rights
Fund Value	£10,228.75	£2,266.10
Less Early Withdrawal Charge	£520.23	£46.24
Transfer Value	£9,708.52	£2,219.86

This valuation assumes that all premiums are paid to date.

We hope you will keep your pension fund with us. If you do decide to transfer, please contact us on the above number and we will arrange to issue an up to date transfer value, full transfer information and discharge forms.



If you would like any more information about the benefits of this plan before making a final decision, please contact Customer Services on 0845 606 2266 or, alternatively, your financial adviser.

Yours sincerely

R Cruze

R Cruze
Customer Services



To: Clerical Medical Investment Group

FORM OF AUTHORITY AND DISCHARGE

Client : Jason Richard Miller

Plan Number : PPA1 / 4751437D

I authorise you to surrender the policy with immediate effect and to apply the proceeds as instructed below.

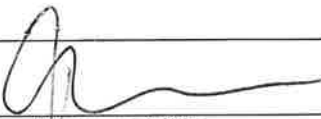
The Transfer Value is £11,928.38, as at 16 July 2014.

I understand that the actual amount of the transfer value payable will include a Market Value Reduction (if any), and will be calculated using the appropriate bid prices when Clerical Medical receives the completed form of authority and discharge.

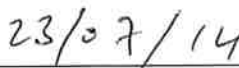
I agree that such payment shall be in full satisfaction and discharge of all claims and demands on Clerical Medical in respect of the Personal Pension Account (Series 2) which shall hereby be cancelled.

I undertake that the transfer value will be applied to a UK registered pension arrangement.

Signed


Jason Richard Miller

Dated



In order for the monies to be paid to your chosen provider we require confirmation from them that they are able to accept the funds.

Receiving Scheme/Provider – To be completed and signed by you

Provider name and address	
Contact Name	
Please confirm the Pension Scheme Tax Reference (PSTR)	
Type of arrangement	
Reference/Policy Number	

Payment Details – To be completed and signed by new provider

To make payment by BACS. Please confirm the following :-

Sort Code

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Name

DECLARATION

We declare that the information provided is true and complete to the best of our knowledge and belief.

We acknowledge that the transfer payment cannot be made to a broker or third party and the payment details contained relate to a registered pension scheme.

Signed

Date

On behalf of the Managers/Insurers of the receiving arrangement

