



ReAssure

Mailing 0001240

16 July 2014

Our reference: SP\0022625184

Mrs HA Miller
31 CAMPBELL CLOSE
WALSHAW
BURY
LANCASHIRE
BL8 3BB

001133

Policyholder(s): Mrs Miller
Policy number(s): 91972200

Dear Mrs Miller

Thank you for your recent enquiry concerning this policy. Please note that each policy listed above includes any endorsements that may have been issued since the policy was taken out.

The current fund value as at 16 July 2014 is £11,750.21.

The transfer value as at 16 July 2014 is £11,750.21.

The transfer value is the policy value after we have taken off any charges and penalties that may apply to your policy. You can refer to your policy documentation to find out more about what we apply.

The transfer value is not guaranteed and we will re-calculate it on receipt of all our requirements.

So we can transfer this policy we need the following:

- Transfer Payment Release Form - completed and signed by both the Policyholder and an authorised signatory of the receiving scheme.
- The Original Policy Schedule.

In certain circumstances we may want some more information. If this is the case, we will contact you promptly with full details of what we need from you. However once we have everything we need, we will begin the transfer of this policy without delay. When calculating the transfer value of your fund, we will use the calculation price prevailing on the day following receipt of the fully completed Transfer Payment Release Form.

Please note, for us to transfer the policy, we need all of our transfer requirements to be with us within six months from the date the policyholder signs the Transfer Payment Release Form.

If you're unsure about what to do with your policy we would strongly recommend you seek advice from an Independent Financial Adviser (IFA). If you don't already have an IFA you can find advisers in your area at **www.unbiased.co.uk**.

ReAssure Ltd, Registered Office: Windsor House, Telford Centre, Telford, Shropshire, TF3 4NB
Registered in England No. 754167

Tel: 0800 073 1777 Fax: 0870 709 1111 Email: customers@reassure.co.uk www.reassure.co.uk

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If you need any further information, then please contact us on 0800 073 1777 9am to 5pm, Monday to Friday not including bank holidays.

Yours sincerely

Seretta Phillips
Service First Telford

The following attachments are included:

Combined Transfer Payment Form

Transfer warning insert for occupational and pension products



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TRANSFER PAYMENT RELEASE FORM

NOTES TO HELP YOU WHEN COMPLETING THIS FORM

Notes applying to more than one section

This form should be completed when you have chosen to transfer your pension fund with us to another provider.

All pages of this form should be returned to us. Do not separate and send back only part of a form, as it will delay your request.

You may lose all or some of your benefits on transfer, for example:

- If your policy has a guaranteed annuity rate (GAR) this will be lost on transfer.
- If you are a member of an Executive Pension Scheme where you are entitled to more than 25% tax-free cash lump sum, this entitlement will be lost unless the transfer is a **block transfer**.
- If you were previously a member of an Occupational Pension Scheme and you are entitled to more than 25% tax-free cash lump sum, this entitlement may be lost on transfer.
- If you have rights in a Section 32 policy (This is where you transferred benefits from a previous employer's Occupational Scheme.), and after A-day wish to transfer those rights to another scheme.
- If your policy has a protected low pension age, because of the job you do, this will be lost unless the transfer is a **block transfer**.
- Where enhanced protection applies to your pension savings (or you've registered for fixed protection 2012 or fixed protection 2014), this will be lost unless it is a **permitted transfer** under HMRC rules.
- If your policy started on or before 10 December 2003 then you may have a right to retire between the ages of 50 and 75 (unless you have an earlier protected pension age). If you transfer out of this policy you will lose this right and after 6 April 2010 you will not be able to retire until age 55.

For more information about the terms in bold text above please refer to the member pages of the Registered Pension Schemes Manual (RPSM) <http://www.hmrc.gov.uk/manuals/rpsmmanual>.

We will pay the benefits from this policy to your selected receiving scheme provided both you and the receiving scheme administrator have completed this form accurately and given us all the necessary information.

You can find more about transfers on HM Revenue & Customs (HMRC) website, <http://www.hmrc.gov.uk>.

Section 1 – Information we already know

Read the information we have completed for you. If any of it is incorrect, please amend the form and sign by the side of the change.

Section 2 – Confirmation from you the policyholder

Read the declaration passages and sign in the space provided. We cannot continue with your transfer request without your signature.

Section 3 – For use by new scheme administrator only

This can only be completed by the Scheme Administrator of the pension provider to whom you want us to transfer your pension fund. Please ensure that they complete all sections and sign the declaration. **DO NOT separate the form and return the separate parts as this will cause delays.**



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PLEASE RETURN ALL PAGES OF THIS FORM

Page 1 of 8

Policy Number(s): 91972200

Policyholder(s): Heather Ann Miller

Transfer Payment Release Form

(to transfer your pension fund to another pension provider)

You may have an alternative to taking, or transferring the money from your pension, why not contact us on 0800 073 1777.

This form is important as it helps us to transfer your pension fund to the new Pension Provider correctly with the minimum of delay.

Section 1 - Information we already know		
Part A: Your personal details		
	Policy number	91972200
	Name of policyholder	Heather Ann Miller
	Name of Member (if different than policyholder)	
	Policyholder's/Member's National Insurance No.	NR260387D
	Type of Scheme (Please write type of scheme here and complete the relevant section unless already completed for you)	Personal Pension Plan
Part B: Your type of UK registered pension scheme		
	PERSONAL PENSION SCHEME	
Part C: Your Pension Value		
	Monetary amount of split:	
	Former Protected Rights	£11,750.21
	Ordinary Rights (all policies except occupational schemes)	£0.00
	Total amount to be transferred. *	£11,750.21
<p>*The transfer value amount is not guaranteed and we will re-calculate it on the day after we receive this form from you, provided it is completed accurately and we have all the information we need.</p>		



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Page 5 of 8

Policy Number(s): 91972200

Policyholder(s): Heather Ann Miller

Section 3 - For use by the new scheme administrator only (continued)

Part C: Confirmation of payment details to a UK registered non-Occupational Pension Scheme; otherwise complete Part D

Please make payment to the following:

Bank name: (e.g. HSBC)										
Address:										
Postcode:										
Bank Sort Code:			-			-				
Bank Account Number:										
Building Society Account Number:										
Bank Account Holder's Name:										
Share Account Number:										

Part D: Confirmation of payment details to an Occupational Pension Scheme or any overseas scheme; otherwise complete Part C

Please make payment to the following:

Cheque Payee:										
Address:										
Postcode:										
Payment Reference: (Must be quoted)										

Part E: Complete if the transfer payment is to be sent via an Independent Broker

The Broker is co-ordinating the purchase of an Open Market Annuity	<input type="checkbox"/>
The Broker is employed as a third party administrator of the receiving scheme and administers the Scheme's bank account	<input type="checkbox"/>
The Broker is employed as a third party administrator of the SIPP and administers the SIPP's bank account	<input type="checkbox"/>

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Policy Number(s): 91972200

Policyholder(s): Heather Ann Miller

Section 3 - For use by the new scheme administrator only (continued)

Part F: Complete if the transfer payment is to be made payable to an Independent Broker

The Broker is the appointed Scheme Administrator of the SIPP (Self-Invested Personal Pension)

☐

Part G: Declaration by receiving scheme administrator

I/We declare that:

the receiving scheme is as specified in Section 3, Part B and that it is willing and able to receive the Open Market Option/transfer payment shown in Section 1, Part C (remembering that this value will be recalculated in line with the policy conditions)

all information given in this section is true and complete.

Part H: Signature of receiving scheme administrator/scheme trustee

Signature:

Print Name:

Date:

Position:

For and on behalf of

(Trustees/Administrator of receiving scheme)



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PLEASE RETURN ALL PAGES OF THIS FORM

Page 3 of 8

Policy Number(s): 91972200

Policyholder(s): Heather Ann Miller

Section 2 - Confirmation from you the policyholder

Declaration made by you

Please return your original policy documents with this form. If you cannot find them then, please read the section below.

I have carried out a diligent search in all the places I would expect to find the policies. I have also made enquiries of all people who may be able to give me information about their whereabouts but I have had no success in locating the policies.

If I find out where the policies are, I will inform you immediately. I will also return the policies to you as soon as I find them.

I authorise payment of the Open Market Option/transfer value to the receiving scheme, details of which the receiving scheme administrator has completed in Section 3, Part A. On payment of the transfer I discharge ReAssure Limited from any and all liability under the policies numbered in Section 1, Part A.

Signature of Policyholder/Trustee

Heather Ann Miller

Date

23/07/2014

Print Name

HEATHER ANN MILLER

If the policy is held under Trust then we need all the Trustees to sign below.

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Where the member is NOT the policyholder, please sign below:

Signature of member

Date

Print Name

PLEASE RETURN ALL PAGES OF THIS FORM

Page 4 of 8

Policy Number(s): 91972200

Policyholder(s): Heather Ann Miller

Section 3 - For use by the new scheme administrator only

Part A: New scheme details

	Name of Pension Provider	
	Name of Scheme	
	Address of Scheme	
	Postcode	
	Company Telephone Number	
	Reference, to be quoted in correspondence	

Part B: Your type of pension scheme

- (a) ☐ A registered pension scheme governed and administered under UK Pension Law.
If the transfer includes GMP rights (see Section 1) and your scheme will retain these rights in GMP form please provide your contracted-out reference number(s) below:

SCON:	S									
ECON:	E									

ECON needed if your scheme is a contracted-out final salary scheme

- (b) ☐ A qualifying recognised overseas pension scheme (QROPS).
Please provide your QROPS reference number as provided by HM Revenue & Customs below:

Q	R	O	P	S						
---	---	---	---	---	--	--	--	--	--	--

(For a definition of what this means you may wish to look at the information on HM Revenue & Customs website <http://www.hmrc.gov.uk>)

Please send us a copy of the QROPS acceptance letter issued by HMRC Audit & Pension Schemes Service (APSS).

- (c) ☐ HM Revenue & Customs reference (if applicable)

Please record number here:

--

Your ref

Our ref ULFUNVA1/EGLC/None/R

Mr 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

241548002000001600060006



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



N078/1108

[illegible]

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

1986-1987

10. The following table shows the number of people who have been convicted of a crime in the United States since 1990, by race and gender. The data is presented in millions of people.

Journal of Management Inquiry 18(6) 709–724

THE UNIVERSITY OF CHICAGO LIBRARY

Your ref

Our ref PPCLTVAL/EGLC/None/R

Mr J R Miller
31 Campbell Close
Walshaw
Bury
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.

241548002000001600020006



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

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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.

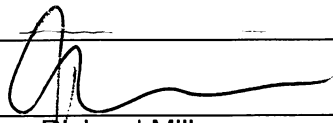
The Transfer Value is £11,928.38, as at 16 July 2014.

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.

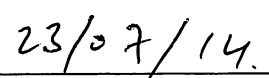
I agree that such payment shall be in full satisfaction and discharge of all claims and demands on Clerical Medical in respect of the Personal Pension Account (Series 2) which shall hereby be cancelled.

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 - -

Account Number

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

