

NWMG Pension Trust  
Daws House  
33-35 Daws Lane  
Mill Hill  
London  
NW7 4SD

29 January 2014

Dear Sirs

**Member** : Mr Richard David Williams  
**@sipp Member No.** : 2153

I have received a request from Mr Williams to transfer his benefits from the above *scheme to a new Self Invested Personal Pension* with @sipp.

A copy of our application form and transfer form is enclosed, signed by the client giving authority for you to deal with @sipp.

@sipp is approved under Chapter IV, Part XIV of the Income and Corporation Taxes Act 1988. Our PSTR number is 00605760RT and our ASCON number is A7001382A.

Should you require any further documentation to be completed by Mr Williams please contact his Financial Adviser at the address below:

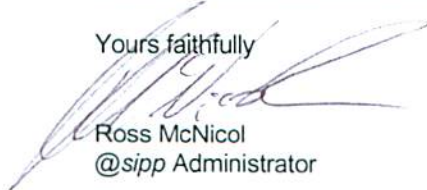
Alderley Asset Management  
35A London Road  
Alderley Edge  
Cheshire  
SK9 7JT

Please forward a BACS payment to @sipp to the following bank details:

Sort code	20-33-70
Account number 3	3833593
Bank	Barclays plc
Name	@sipp Receipts account
Reference	2153 Williams

Please do not hesitate to contact me on the above number if you have any queries.

Yours faithfully

A handwritten signature in black ink, appearing to read "Ross McNicol".

Ross McNicol  
@sipp Administrator





# TRANSFER IN FORM



Please complete this form if you wish to transfer an existing plan to @sipp. If you are transferring more than one plan please use a separate Transfer In form for each transfer. In addition to this form your current scheme administrator(s) may require their own documentation. Please contact them for further advice.

## PART A - PERSONAL DETAILS

### MEMBER DETAILS

@sipp Member Number  
(if applicable)

2153

Permanent  
Residential Address

<input checked="" type="radio"/> Mr/Mrs/Miss/Ms/Other	Surname	WILLIAMS
Forename(s) RICHARD DAVID		
Edenfield 47 ALMISTEAD WAY, CLANGIE		
Postcode CW4 8FE		
Contact Number	Tel	Mobile Email richard@manchesterrivertide.co.uk

## PART B - TRANSFER DETAILS

Full name of the scheme  
you are transferring from

NWMC Pension Trust

Is the transferring  
scheme a Registered  
Pension Scheme?

☒ YES

☐ NO

PSTR No. (if known)

Name of the Trustee/  
Scheme Administrator

Pension Protection.com

Address

DRS HOUSE, 33-35 DRS WAY, MILL HILL  
LONDON Postcode NW5 4SD

Name of Contact

DAVID NICHOLSON

Telephone Number

( )

Your Plan Reference/  
Policy Number

Transfer Value  
(or estimate)

£ 160,000

Is the transfer

(a) A transfer of Pension Credit rights?

☐ YES

☐ NO

(b) Part of a block transfer?

☐ YES

☐ NO

(c) From an occupational pension  
scheme, or from an individual contract,  
with guaranteed benefits?

☒ YES

☐ NO

(d) An in specie transfer?

☐ YES

☐ NO

## PART C - ASSETS TO BE TRANSFERRED

A ☒ Cash

B ☐ Property(ies) - A Property Questionnaire and a current valuation is required for each property to be transferred.

C ☐ Other Assets

Please provide an up to date list of holdings from the current administrator. Where @sipp cannot accept any of the assets they would need to be sold before transfer could proceed.

Any cash fund transferred will be deposited in the Member's designated bank account until instructions are received by @sipp to invest in other asset classes or deposit accounts.

## PART D - BENEFITS

Please indicate which of the following statements will apply to the Transfer

i) I have received benefits from the Transferring Scheme ☐

ii) I have not received benefits from the Transferring Scheme ☒

## PART E - TRANSFER PAYMENTS

### 1 REQUEST TO TRANSFER

I request that the administrator of the transferring scheme applies the whole of my available transfer value from that arrangement to the @sipp Plan.

I understand that following the application of the transfer value, neither I nor my spouse nor dependents will have any further entitlement under the transferring scheme.

I acknowledge and agree that a copy of this request and discharge shall be binding as though it were the original.

I authorise the trustees, administrators or insurers of the transferring scheme to provide @sipp (Pension Trustees) Limited with any information it may request in relation to any benefits provided for me.

### 2 TRANSFERS INTO THE SCHEME

I request that @sipp (Pension Trustees) Limited accepts the transfer payment from the transferring scheme detailed on this form.

I hereby request that the Trustee apply such transfer payment to establish 1,000 separate arrangements under the Plan.

I hereby declare I am not bankrupt and my pensions arrangements are not subject to court orders.

### 3 CANCELLATION RIGHTS

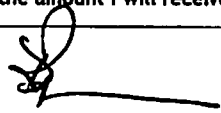
I acknowledge under current rules I have the right to cancel my transfer within 30 calendar days of @sipp accepting my transfer request.

I acknowledge that on receipt of the transferred pension funds @sipp will invest these according to my instructions.

I acknowledge and accept I might not get back the amount originally invested, if I exercise my right to cancel the transfer.

I acknowledge and accept the amount I will receive will be the realisation value of the investment less any applicable charges.

Member's Signature



Date

12 12 13

For transfers made after the inception of plan - see below.

## PART F - FINANCIAL ADVISER

Please give details of your Financial Adviser.

Adviser's Name

ALDERLEY ASSET MANAGEMENT LTD

Company Name

35A LONDON ROAD

(block capitals)

ALDERLEY EDGE

FCA Number

218903

Address

CHESHIRE SK9 7JT

TEL 01625 585851

FAX 01625 588888

EMAIL enquiries@aaml.info

Postcode

Telephone Number

( )

Fax Number

( )

Fees

Is your Financial Adviser to be paid an initial fee for this transfer from your designated SIPP bank account?

☒ YES

☐ NO

If YES please complete below.

Amount

% of transfer amount

Initial Fee

£

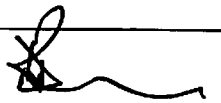
or

%

Where an annual fee is being paid, it will continue to be paid at review date.

I confirm that the fee is to be paid from my designated SIPP bank account and that I will ensure that cleared funds are available to pay the fee when due for payment. I understand that @sipp (Pension Trustees) Limited may make an additional administration charge if it has to refer to me for instructions on how to obtain funds to meet the payment of fees.

Signature



Date

12 12 13



@sipp plc  
58 Elliot Street  
Glasgow  
G3 8DZ

Tel: 0141 204 7950  
Fax: 0141 243 2257  
Email: admin@atsipp.co.uk  
www.atsipp.co.uk

@sipp plc is registered in Scotland (Registered No. SC217126) and has its registered office at 58 Elliot Street, Glasgow, G3 8DZ and is authorised and regulated by the Financial Conduct Authority under Firm Reference No. 462907 and you can check this authorisation at [www.fca.org.uk](http://www.fca.org.uk) or by calling the FCA on 0800 111 6768.

28 JAN 2014

Passed To RM  
Actioned

## APPLICATION FORM

## TO BE COMPLETED BY ALL APPLICANTS

APPLICATION FOR: ☒ FULL SIPP☐ COLLECTIVE SIPP

In the event that you fail to tick one of the above boxes, it will be deemed that you are applying for a Full SIPP.

## INTRODUCTION

This application is for you to become a member of the @sipp Personal Pension Scheme.

Please note making a false declaration can have serious consequences, if you are in doubt about any questions in this application please seek advice from your Financial Adviser or @sipp. Notes are provided on page 5.

## PART A - PERSONAL INFORMATION

If you are a legal guardian completing this on behalf of a child under age 18, the details given should relate to the child.

## APPLICANT'S DETAILS

Permanent Residential Address  
(If less than three years at this address please provide your previous permanent residential address on page 5)  
Telephone Number (inc STD Code)

Mr/Mrs/Miss/Ms/Other	Surname	WILLIAMS
Forename(s)	Richard David	
Address		
47 ARMISTEAD WAY		
CLAYTON		
Postcode	CW4 8TE	
Evening ( )	Daytime ( )	
Mobile	07867 497465	Email richard@richardermarle.co.uk
Nationality	UK	

Marital Status

Divorced

Date of Birth

27 04 66

Spouse's/Civil Partner's Name

Spouse's/Civil Partner's Date of Birth

Are you

☒ Male☐ Female

Expected Retirement Age (from age 55)

National Insurance Number

NH 72 93 57 C

The National Insurance Number must be included unless the applicant is under age 16 with no National Insurance Number.

Tax Reference Number (if known)

Tax District (if known)

Please indicate, which of the following is most applicable, by ticking one box only.

☐ 1 Employed☒ 2 Self Employed - Trading as

Richard Williams

☐ 3 Other

Please specify from the following:

- ☐ Pensioner  
☐ Child under 16  
☐ Caring for one or more children under 16  
☐ Caring for person aged 16 or over  
☐ In full time education  
☐ unemployed

Occupation

Employers Name and Address

Postcode

Telephone No

--

Most claims cannot be paid under the Scheme until proof of age has been given. We recommend that your birth certificate, for married women or a widow, a marriage certificate, and for civil partners a registration certificate be forwarded with the application. We can only accept the original certificates which will be returned to you promptly.

## PART B - CONTRIBUTIONS

Personal contributions are paid net of basic rate income tax. We claim back the tax relief from HM Revenue & Customs and add it to your fund. Please note that this can take up to eleven weeks. Any employer's contributions must be paid gross. Contributions made by employers must be made by cheque drawn on a UK bank or building society account in the employers name. Where an employer is to make regular contributions by standing order the first payment must be made by cheque drawn on a UK bank or building society account in the employers name. Please note @sipp will only accept Protected Rights transfers and will not accept new contracted out contributions.

**IMPORTANT: IF YOU HAVE ENHANCED PROTECTION ANY CONTRIBUTIONS MADE TO THIS SIPP MEANS YOU WILL LOSE THIS PROTECTION.**  
You should speak to your Financial Adviser.

### 1 CONTRIBUTIONS

		Net Amount (of Basic Rate)		
a) Personal	Single	£		
	Regular	£	Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	Start date for regular contributions
		Gross Amount		
b) Employer	Single	£		
	Regular	£	Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	Start date for regular contributions

For regular contributions the employer should complete an @sipp Standing Order form and a Record of Payments Due form.  
(Any future amendment to the employer regular contribution will require a new Record of Payments Due form to be completed).

Are any of the above Contributions to be 'In Specie' ☐ Yes ☒ No

If yes please specify below what assets are to be used (see note 3)

Personal or Employer	Asset	Value

### 2 EMPLOYER'S DETAILS

Name of Employer	Nature of Business
Address	
	Postcode
Contact Name	Telephone No

#### EMPLOYER'S CONTRIBUTION AGREEMENT:

I/We agree that I am/we are willing to pay @sipp (Pension Trustees) Ltd the amount(s) indicated in Part B.

#### IN SPECIE CONTRIBUTION:

Where I/we have indicated, I/we wish to make an employer in specie contribution, I/we agree by signing this agreement, I am/we are creating an irrevocable, legally enforceable obligation to pay the amount stated in part B above.

Signature		Position	
Date			

## PART C - TRANSFER IN FUNDS

If you are transferring funds or assets from another pension plan into your SIPP, please complete for each transfer an @sipp Transfer In Form.

Type of Transfers (estimated values):

Non Protected Rights	£ 160,000	Protected Rights	£
Pension Credit	£		

## PART D - SIPP CANCELLATION RIGHTS

Under current rules you have the right to cancel your contributions within 30 calendar days of @sipp accepting your application. During this period @sipp will retain your fund in your designated trustee bank account until the cancellation period has elapsed after which we can proceed with any investment instruction, process of a property transaction or for payment of your benefits.

If you wish to waive your rights to this 30 day cancellation period you can complete the waiver below.

I would like to waive my right to the 30 day cancellation period. I fully understand the implications of this, including that having waived my right to this cancellation period I will no longer be able to have contributions refunded or transfer payments detailed on this application automatically returned to the transferring pension scheme provider.

Signature		Date	12/12/13
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## PART E - EXPRESSION OF WISH - DISPOSAL OF DEATH BENEFITS

This is a nomination and is an expression of my wishes. I understand that @sipp (Pension Trustees) Limited ("trustee") will pay due consideration to my wishes but will have absolute discretion as to the beneficiaries and the benefits paid to each. Note that any protected rights fund must provide an income where a spouse or civil partner are over age 45, or there is a dependent child. If there are more than 4 disposals of death benefits please request an additional Expression of wish form.

Name	LUCY SARAH WILLIAMS		Date of Birth	1	6	0	1	9	1
Address									
Postcode		Relationship	DAUGHTER						
			Non Protected Rights %	33.33					
			Protected Rights %						

Name	OLIVIA SADI WILLIAMS		Date of Birth	2	3	0	8	9	3
Address									
Postcode		Relationship	DAUGHTER						
			Non Protected Rights %	33.33					
			Protected Rights %						

Name	TOBIAS WYATT WILLIAMS		Date of Birth	0	3	1	2	9	9
Address									
Postcode		Relationship	SON						
			Non Protected Rights %	33.33					
			Protected Rights %						

Name			Date of Birth						
Address									
Postcode		Relationship							
			Non Protected Rights %						
			Protected Rights %						

## PART F - FINANCIAL ADVISER

Please give details of your Financial Adviser.

Adviser's Name	ALDERLEY ASSET MANAGEMENT LTD		FSA Number	218903	
Company Name (block capitals)	35A LONDON ROAD				
Address	ALDERLEY EDGE				
	CHESHIRE SK9 7JT				
	TEL 01628 588881				
	FAX 01628 588886				
	EMAIL: enquiries@amml.info				
Telephone No.	( )	Fax Number	( )		
Email					

Do you want to authorise your Financial Adviser to make investment instructions on your behalf?

☐ YES ☒ NO

Fees Is your Financial Adviser to be paid a fee from your @sipp bank account?  
If YES please complete below.

☒ YES ☐ NO

Amount % of Initial Investment  
INITIAL FEE £ or 1 %

Amount % of Fund at Anniversary Date  
ANNUAL FEE £ 200 or 0.25 %

## PART G - APPLICANT'S DECLARATION

### GENERAL

I apply for a membership of the @sipp registered pension scheme.

- 1 I agree to be bound by the trust deed and rules of the scheme which may be amended from time to time.
- 2 To the best of my knowledge and belief, the particulars given on the application form are correct and complete.
- 3 I wish to nominate the named person(s) in Part E "Expression of Wish-Disposal of Death Benefits" to be considered to receive any benefit payment payable under the scheme on my death. I understand that this nomination will not bind the trustee of the scheme.
- 4 I hereby consent to @sipp (Pension Trustees) Limited obtaining relevant details from the administrator / trustees or insurance company or other registered pension scheme provider, arrangement or contract of which I am or have been a member and authorise the giving of any such details to @sipp (Pension Trustees) Limited.
- 5 I understand that any transfer(s) made into my scheme may only be applied to provide benefits at the time I take retirement benefits or on my death.
- 6 I will not require, nor attempt to require, the withdrawal of funds held to provide benefits for me under the scheme, or the income on those funds, other than in accordance with the rules of the scheme.
- 7 If appropriate @sipp has my authority to check with HM Revenue & Customs the detail of any certificate which I supply which enhances my lifetime allowance.
- 8 In the event that an unauthorised payment is made, I agree to the scheme administrator deducting the amount of any scheme sanction charge, or other charge, levied by HMRC on the scheme administrator from the funds held for me under the scheme in order to pay the charge to HMRC. If there are insufficient funds held for me under the scheme, I agree to pay the scheme administrator the amount by which the charge exceeds the value of my funds under the scheme.
- 9 I hereby request @sipp (Pension Trustees) Limited to appoint the nominated investment manager, if applicable, as indicated.

Investment Manager

Address

I fully understand and agree,

- a) That I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the @sipp registered pension scheme.
  - b) To hold @sipp (Pension Trustees) Limited fully indemnified against any claim in respect of such decisions.
- 10 I acknowledge and understand third party investment service providers, e.g. an Investment Manager or Stockbroker, may require to undertake money laundering checks on me, in my capacity as SIPP member, in order to comply with statutory money laundering regulations.
  - 11 The information on this form and any supplementary information provided by me and/or my nominated advisers, now or in the future, will be used by @sipp (Pension Trustees) Limited to:
    - a) Set Up and administer my plan.
    - b) Send me information relating to my Plan.
  - 12 I acknowledge and accept the terms of this Agreement and I understand that the services provided under it do not extend to financial advice under the terms of the Financial Services and Markets Act 2000.

### WHERE CONTRIBUTIONS ARE TO BE PAID

- 1 I declare I am under the age of 75.
- 2 I declare that the total contributions to any registered pension schemes in respect of which I am entitled to relief under section 188 of the Finance Act 2004 will not exceed the higher of:
  - a) The basic amount, or
  - b) My UK relevant earnings within the meaning of section 189 of the Finance Act 2004 in any tax year.
- 3 I declare, where my total gross contributions exceed the Annual Allowance in the current tax year, that I have sufficient unused annual allowances to carry forward from the three previous tax years.
- 4 I declare that :-
  - a) in relation to-
    - i) the particulars specified in Part A are to the best of my knowledge and belief, correct and complete; and
    - ii) the declarations numbered 2 and 3 above are to the best of my knowledge and belief, correct.
  - b) no later than either the date which is 30 days after the occurrence of the event or 5th April in the tax year of assessment, I will give notice to you if an event occurs, as a result of which I am no longer entitled to tax relief for contributions pursuant to section 188 of the Finance Act 2004.
- 5 I undertake to inform the scheme administrator in writing (within 30 days) if:
  - a) I cease to be a UK resident;
  - b) There is any change in my name or permanent residential status or employment status; or
  - c) I contribute on aggregate more than 100% of my earnings to this and any other pension scheme in any tax year;
  - d) I cease to have UK relevant earnings;
- 6 Where I have indicated that I wish to make an In Specie contribution, I agree that by signing this declaration I am creating an irrevocable, legally enforceable obligation to pay the stated sum to the scheme.

The information on this application is used in dealings with HM Revenue & Customs for tax relief purposes. It is a serious offence to make false statements with penalties being severe. False statements could lead to prosecution.

If you have applied for enhanced protection against the lifetime allowance, making a contribution will invalidate this protection.

## DATA PROTECTION


I confirm that:

- I understand that under the Data Protection Act 1998, the Trustees are required to obtain my consent to process data about me. I therefore consent to the Trustees (and any data processor or other data controllers they may use) processing data relating to me for the purpose of administering and operating the Scheme. I also consent to such data being transferred to third parties in connection with the administration and operation of the Scheme.
- I understand that I have the right to ask for a copy of the personal data held in respect of me in return for the payment of a small fee and to require @sipp (Pension Trustees) Limited to correct any inaccuracies in that data.

## FINANCIAL ADVISER'S FEES

- I instruct @sipp (Pension Trustees) Limited to pay to my Financial Adviser the initial and/or regular fee(s) specified in Part F of this application.
- I confirm that the fees are to be paid from the funds in my @sipp personal pension bank account and that I will ensure that cleared funds are available to pay the fees when they are due for payment. I understand that @sipp (Pension Trustees) Limited may make an additional administration charge if it has to refer to me for instructions on how to obtain funds to meet the payment of fees.
- I understand that I can cancel or vary my instructions to pay fees by giving @sipp (Pension Trustees) Limited 14 days notice in writing. However, I agree that any fees due but not paid, prior to the date of receipt of the notice of cancellation or variation will be paid by the Trustee.

Signature



Date

1	2	1	2	1	3
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## NOTES

### GENERAL

The descriptions and definitions given in these notes are for outline guidance only and are not binding in law. The descriptions and definitions which apply are those in the legislation. If you are in any doubt you should contact a pension practitioner, the Scheme Administrator, your Accountant or, where appropriate, your Inspector of Taxes.

A Financial Dependant is someone other than your spouse or registered civil partner who is financially dependent on you.

#### 'In Specie' contributions:

To obtain tax relief on an 'In Specie' contribution the provider must satisfy a procedure to prove the monetary value of the contribution being made. Where an in specie contribution is to be made you must be aware that HMRC require that a debt to the SIPP provider is created first and that it needs to be irrevocable i.e. the provider must be able to pursue the member for the debt. This debt would be satisfied by the in specie transfer of an asset or assets. Should the asset/s be of a lesser value than the stated contribution, the member is expected to make up the difference i.e. to satisfy the debt in full.

## PREVIOUS ADDRESS

See Part A on page 1

Postcode

Please see Part H on next page



## PART H - LEGAL GUARDIAN CONSENT

The legal guardian should complete this form if an application is being made on behalf of a child aged under 18.  
Please show the full name and permanent residential address of the legal guardian.

Permanent Residential Address	Mr/Mrs/Miss/Ms/Other		Surname	
	Forename(s)			
Telephone Number (inc STD Code)	Postcode			
	Evening (            )		Daytime (            )	
	Mobile		Email	

### LEGAL GUARDIAN DECLARATION

The legal guardian should complete this declaration as well as the information above.

I declare that:

- I am the legal guardian of the individual named in the application and I have understood and signed all the relevant declarations.
- I understand that I am responsible for
  - the contract as if I were a member until the member reaches age 18, and
  - ensuring that the contribution limits are not exceeded.
- I understand that all contributions to the Scheme may only be returned to the member in the form of benefits payable under the Rules of the Scheme.

Signature

Date

For a minor aged over 16 but under 18 at the date of the application he/she must sign below, confirming agreement with the foregoing.

Signature

Date

## NOTES AREA FOR APPLICANTS



@sipp plc  
58 Elliot Street  
Glasgow G3 8DZ

Tel: 0141 204 7950  
Fax: 0141 243 2257  
Email: [admin@atsipp.co.uk](mailto:admin@atsipp.co.uk)  
[www.atsipp.co.uk](http://www.atsipp.co.uk)

@sipp plc is registered in Scotland (Registered No. SC217126) and has its registered office at 58 Elliot Street, Glasgow, G3 8DZ and is authorised and regulated by the Financial Services Authority under Firm Reference No. 482907 and you can check this authorisation at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by calling the FSA on 0845 606 1234.