

Network Rail DC Pension Scheme

Transfer out member consent form

This form should be completed for transfers to another UK pension plan/arrangement

Member consent to transfer

| | |
|------------------------------|----------------|
| Name | Mrs M Sholanke |
| Reference number/Employee ID | 0041902 |

| | |
|--------------------------------|--|
| Name of the transferring plan: | Network Rail Defined Contribution Scheme |
| Name of the receiving plan: | Noble D Pensions |

Your declaration

I understand that if the transfer value payable to the receiving plan shown above is used to provide benefits in a form which is not 'authorised' in accordance with rules set out by HM Revenue & Customs this could result in significant tax charges. In particular, I confirm that:

- If I gain access either directly or indirectly to the transferred funds before the age of 55 (other than on the grounds of ill health), this payment will constitute an 'unauthorised payment' for tax purposes and I will declare it to HM Revenue & Customs and pay the tax due of up to 55%.
- I will protect and indemnify the Trustees of the transferring plan from any scheme sanction charge or other expenses that may arise as a result of making an 'unauthorised payment', if it later transpires that the receiving plan does not meet the conditions required to be a registered pension scheme for tax purposes.

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| I will be taking benefits from the receiving plan before the age of 55 (other than on the grounds of ill health) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
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If yes, was this subject to any particular conditions (please provide details below)?

| | | |
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| I have read the FCA's 'Scamsmart' guidance and leaflet on pension scams and have understood the contents of this guide. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| I have taken impartial financial advice regarding this transfer. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If I have taken financial advice, I have been provided with a written report detailing the new scheme, my attitude to risk and the investments that will be made on my behalf. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If I have taken financial advice, the adviser seemed to be financially knowledgeable. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| I have discussed my attitude to risk with my adviser. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| It was explained to me that the value of pension investments can rise and fall. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

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| I understand how my money is being invested. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| My chosen investment promises a guaranteed rate of return either now or at some point in the future. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| My chosen investments were selected from a list of funds offered by the receiving scheme. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| My chosen investment is purely based on purchasing property or land. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| My chosen investment is purely based on a single asset (e.g. a company)? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If you have taken financial advice, please confirm the name, address and FCA registration number (if applicable) of your adviser: | | |
| Name of adviser: | | |
| Address of adviser: | | |
| | | |
| | | |
| | | |
| FCA registration number of adviser: | | |
| Please confirm the name of the individual who recommended that you proceed with the transfer, the firm they work for, and the address of this firm: | | |
| Name of individual: | | |
| Name of firm: | | |
| Address of firm: | | |
| | | |
| | | |
| Is this firm authorised by the FCA to advise on pension transfers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please confirm the firm's FCA registration number | | |
| I have been asked to sign an insistent client document which confirms that I am not following my adviser's advice. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| There is more than one company involved in the advice to transfer my pension. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| I am making offshore investments through the receiving scheme. | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, the potential risks were made clear to me in writing. | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Some or all of the investments are an offshore bond: | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Some or all of the investments are listed on the FCA list of types of investment and pension scams: | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| All the UK investments in the receiving scheme are regulated by the FCA. | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| My investment is being made in a currency other than British Pounds. | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| I have a separate investment company to manage my investments. | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, please confirm the name and address of the company: | | | |
| Name of company: | | | |
| Where is the company based? | | | |
| Address of company: | | | |
| | | | |
| | | | |
| | | | |
| Is the company FCA registered? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please confirm the firm's FCA registration number | | | |
| I have been contacted 'out of the blue' about my pension transfer, either via a cold call, unsolicited email or text message, or offered a 'free pension review', or have been approached by an introducer outside of my place of work | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| I will be receiving a cash payment, bonus, commission or loan from the receiving scheme or its administrators. | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| I have been told that I will be able to draw more than 25% of my fund as a tax-free lump sum as a result of transferring. | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, how much tax-free cash did the receiving scheme advise you could take? | | £ _____ | |
| If yes and the receiving scheme is a SSAS, please confirm the following information: | | | |
| Name of receiving scheme practitioner / administrator: | | | |
| I am a Trustee of the SSAS: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

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| I was asked to set up my own company in order to make this transfer. | | Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> | |
| If yes, the name of the company and my role in it is as follows: | | | | | |
| Name of company: | | | | | |
| Role: | | | | | |
| I have been given time limited offers, and was put under pressure to make quick decisions about this transfer: | | Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> | |
| A courier was sent to collect any documents from me in relation to this transfer or the receiving scheme: | | Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> | |
| I was provided with an illustration (also known as a quotation or key features document). | | Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> | |
| I can confirm what the illustration said the below charges would be: <i>(If a charge is not applicable, please insert n/a)</i> My new scheme will charge me: The investments selected will charge me: My adviser will charge me: There will also be additional charges of: | | Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> | |
| | | Initial charges | | Annual charges | |
| | | £ | % | £ | % |
| | | | | | |
| My pension will always be easy to get to without additional charges if I wanted to move it or access it in the future. | | Yes <input checked="" type="checkbox"/> | | No <input type="checkbox"/> | |
| Transfer requests to the receiving plan have been refused by the provider or Trustees for other pension plans I have with other providers or administrators? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | |
| If yes, do you know why <i>(please provide details)</i> ? <hr/> <hr/> <hr/> | | | | | |
| I completed this questionnaire myself. | | Yes <input checked="" type="checkbox"/> | | No <input type="checkbox"/> | |
| If I did not complete this questionnaire myself, I fully understand and agree with the responses given. | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| Can you briefly explain your reason(s) for requesting the transfer? What will you be able to achieve by transferring that you will not be able to do in your existing plan? | | | | | |

Transferring to a SASS that is more diverse and offers me with the opportunity of investing my funds into property.

In addition, for transfers to occupational pension schemes only:

I am a member of the receiving plan and am employed by and receive relevant earnings from the sponsoring employer, which is:

| | | | | | | | | | | | | | |
|--|-------------------------------|--|--|--|--|------|-----------------|--|--|--|--|---|-----------------------------|
| Employer name: | N O B L E D L I M I T E D | | | | | | | | | | | | |
| Employer address: | 3 9 L I S K E A R D W A Y | | | | | | | | | | | | |
| | F R E S H B R O O K | | | | | | | | | | | | |
| | S W I N D O W S N 5 8 N L | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Business, service or trade of employer: | P R O P E R T Y C O M P A N Y | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Is your employer (named above) actively trading? | | | | | | | | | | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Signed | marz-s. | | | | | Date | 0 7 0 6 2 0 2 3 | | | | | | |
| Print name | M A R Z S H O L A N K E | | | | | | | | | | | | |

Network Rail Defined Contribution Pension Scheme (NRDC)

Your transfer agreement

Part two – your identity check

| | |
|------------------|-----------------|
| Name | Muriz Shorankie |
| Reference number | 00411102 |

For security, before we transfer any money to another pension arrangement, we will check your name, address and other information given by you to us against an external database with a registered credit reference agency or fraud prevention agency, which may record the search. Your information is used in accordance with data protection laws.

This search is to check your identity and reduce the risk of fraud. It is not a credit check so will not affect your credit rating. As a second check, please send us a copy of the relevant page of your current passport with your photograph and passport number. If you do not have a current passport, please let us know on 01737 230487 and we will tell you what other documents we will accept.

| Your identity check | |
|--|---|
| I acknowledge that Willis Towers Watson is required to carry out a security identification check to meet its legal obligations | <input checked="" type="checkbox"/> |
| I enclose a copy of the relevant page of my current passport | <input checked="" type="checkbox"/> |
| Signed | <div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 1; text-align: right;"> Date 07/06/2023 </div> </div> |
| Print full name including middle names | M A R I Z I A R E T I H A S H O L I A N K I E |
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| | |
| | |
| If you are currently living abroad, please also send us the following documents | |
| Your original birth certificate | <input type="checkbox"/> |
| 2 original utility bills from the past 3 months – if you do not have 2 utility bills we accept documents with your name and address (rental card, bill, phone bill or HMRC tax code) | <input type="checkbox"/> |
| We recommend you send your birth certificate via a special or tracked delivery service | |
| If you have moved in the last 3 years, please provide your most recent previous address | |
| Number or name | |
| Road | |
| Town | |
| County | |
| Post code | |
| Country | |

Network Rail Defined Contribution Pension Scheme (NRDC)

Your transfer agreement

Part three – your declaration

| | |
|------------------|----------------|
| Name | Mark Shorlanke |
| Reference number | 001116 |

Your transfer confirmation continued

By signing this agreement

- I understand and agree to the conditions set out in Part one – your confirmation of this form
- I confirm my date of birth given below is correct
- I have considered taking financial advice to help me decide whether to transfer from the Scheme
- I acknowledge
 - that Willis Towers Watson is required to carry out a security identification check in accordance with its legal obligations
 - that the Financial Conduct Authority has produced online 'Scamsmart' guidance and a leaflet, which I have read and understood
 - that the Pensions Regulator and MoneyHelper issue information about transfers that might assist me in deciding whether to request this transfer from the Scheme
- I confirm that I have been advised of any charges that will be applied to my investments in the receiving plan and I am aware of any tax implications
- I confirm that I have contacted MoneyHelper for impartial guidance if the receiving plan is an international SIPP
- I agree to the payment of the transfer value as described above to the following pension plan

NOBLE D PENSIONS

(please insert name of the receiving pension plan)

| | | | | | | | | | | | | |
|---|-----------------------|------|---|---|---|---|---|---|---|---|---|---|
| Signed | <u>Mark Shorlanke</u> | Date | 0 | 7 | 0 | 6 | 2 | 0 | 2 | 3 | | |
| Date of birth | | | 1 | 0 | 0 | 1 | 1 | 9 | 8 | 2 | | |
| Last four characters of National Insurance number | | | 0 | 0 | 7 | 0 | | | | | | |
| Print name | M | A | R | K | S | H | O | L | A | N | K | E |

Your Contact Details

| | | | | | | | | | | | | |
|----------------------|------------------------------------|---|---|---|---|---|---|---|--|--|--|--|
| Email | <u>mark.shorlanke@yqlh1010.com</u> | | | | | | | | | | | |
| | 1 | 0 | 0 | 1 | 1 | 9 | 8 | 2 | | | | |
| Daytime phone number | <u>10171510111018101891111</u> | | | | | | | | | | | |

Please ask your receiving plan to fill in the details on part four overleaf

Please return this form to: Network Rail Defined Contribution Pension Scheme (NRDC), Network Rail Pensions, PO Box 545, Redhill, Surrey, RH1 1YX

Extra information form

In order for the trustees to assess your transfer against the conditions set out in the Transfer Regulation, please complete and return this form along with your transfer forms.

| Member Details | | | |
|--|---|------|------------|
| Member's full name: | MARZ ARETHA SHOLANKE | | |
| Full name of the transferring pension scheme | Network Rail Defined Contribution Pension Scheme (NRDC) | | |
| Member's Reference number or Employee ID in the transferring scheme (as shown on your transfer paperwork): | 0041902 | | |
| Full name of the receiving pension scheme: | RC Administration Ltd (NOBLE D PENSIONS) | | |
| Is the receiving scheme an occupational pension scheme? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| Is the receiving scheme a Qualifying Recognised Overseas Pension Scheme? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| Name of financial adviser (if applicable) | | | |
| FCA reference number of adviser (if applicable) | | | |
| Signed | MARZ 3 | Date | 07/06/2023 |
| Print name | MARZ ARETHA SHOLANKE | | |