

Varley's

New Docs

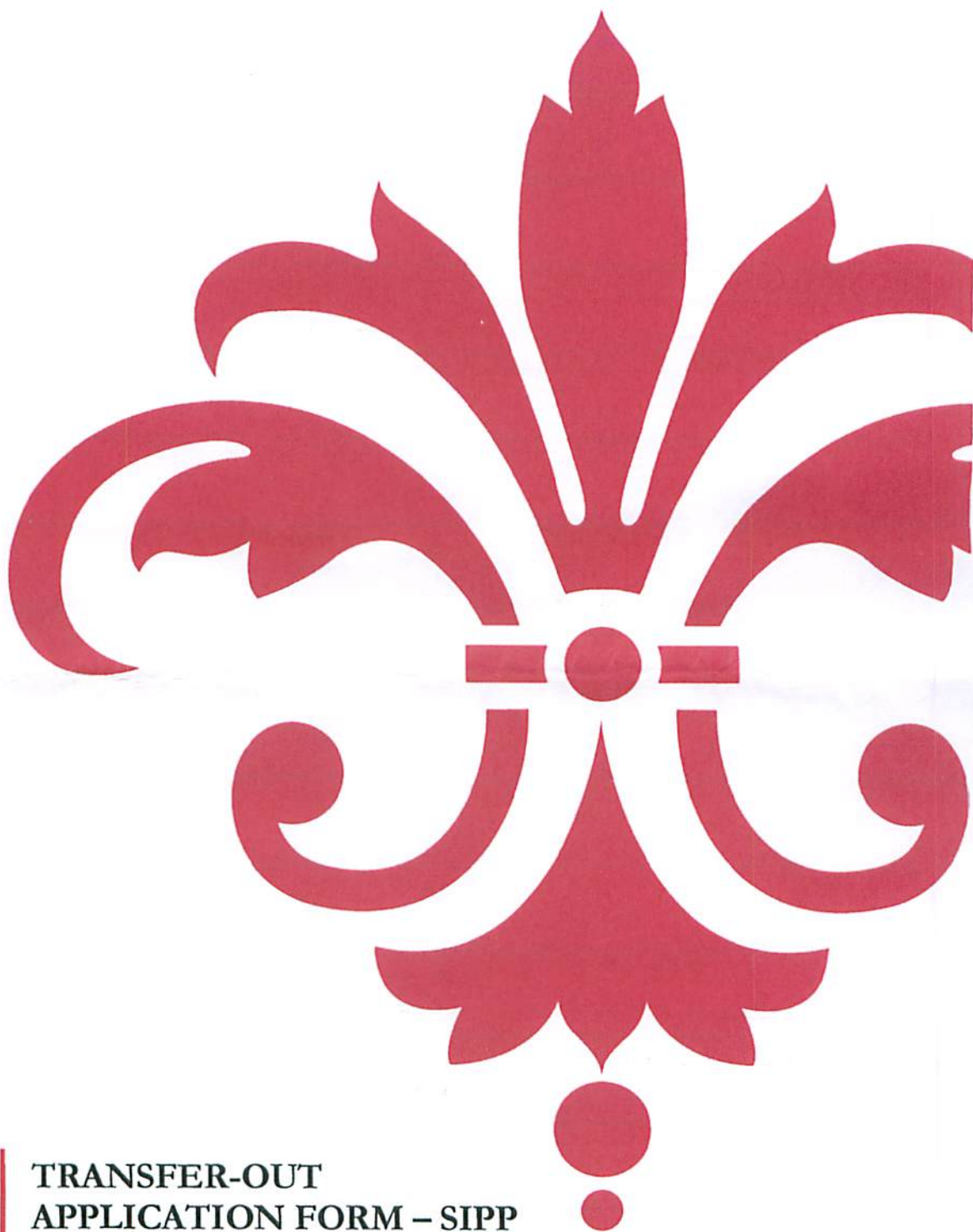
ENCLOSED

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City Trustees

A MATTIOLI WOODS PLC COMPANY



**TRANSFER-OUT
APPLICATION FORM – SIPP**

TRANSFERRING SCHEME DETAILS

Scheme name:

Membership number:

If applicable

PSIR Number:

If applicable

ASCON Number:

TRANSFERRING MEMBER'S DETAILS

Title: MR

Surname: VARLEY

Forename/s (in full): PATRICK TERENCE

Male: ☒

Female: ☐

Date of birth:

03 04 1957

National Insurance number:

YX 85 82 74 D

TRANSFERRING MEMBER'S REQUEST

I wish to transfer the following to the scheme named below:

☒ Full scheme transfer value

☐ A specified amount

£

☐ All crystallised funds only

☐ All uncrystallised funds only

Please note we are not permitted to make a partial transfer of crystallised funds. All crystallised funds must be transferred in full



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THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
PUBLISHED WEEKLY
535 N. Dearborn Ave., Chicago, Ill., U.S.A.
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RECEIVING SCHEME DETAILS

Name of receiving scheme administrator:

Address of receiving scheme administrator:

Full title of arrangement:

Scheme reference number: (if applicable)

PSIR:

ASCON:

Type of scheme:

*For example: Personal pension,
Occupational pension etc*

Payment Details

Cheque made payable to:

Or, bank account details for BACS payment

Account name:	
Bank name:	
Address	
	Postcode:
Sort code:	
Account number:	
Payment reference:	



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TRANSFERRING INVESTMENTS

Please indicate how the transfer is to be made to your new provider by ticking one of the following boxes:

☒

Please sell all my investments then transfer in cash

☐

Please transfer all my investments in specie*

☐

Please sell all the investments listed below and transfer the remaining investments in specie*

* If an in-specie transfer has been requested, Mayflower Trustees Limited and City Pensions Limited will need to ensure that all plans/policies/stock/commercial property has been transferred before making any cash payments to the receiving scheme. The cash and transfer details will follow once Mayflower Trustees Limited and City Pensions Limited have received written confirmation from all the relevant parties that the re-registration of all assets has been completed.

Please provide the following details for an in-specie transfer:

Can the receiving scheme accept an in-specie transfer of all the assets?

YES:

☐

NO:

☐

If the in-specie transfer includes property, please confirm details of the solicitor you and the receiving scheme will be using to process the transfer:

Contact name:			
Company name:			
Address			
	Postcode:		
Email:			
Telephone:		Fax:	



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MEMBER DECLARATION

To Mayflower Trustees Limited and City Pensions Limited

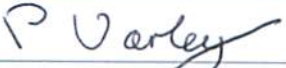
Please accept this as my authority for you to transfer my entitlement to benefits from my pension scheme administered by City Pensions Limited to the scheme detailed above.

The transfer of the above value to the receiving scheme shall be a full and sufficient discharge of all your liabilities and considerations arising out of my entitlement to benefits from the scheme.

In consideration of such payment, I agree to indemnify you against all actions, proceedings, claims, demands, costs and expenses whatsoever in respect of or arising out of the payment made as aforesaid.

I declare that to the best of my knowledge and belief the information contained in this application is correct and complete.

I can confirm that I am not bankrupt and I declare that there is no Court Order in force affecting the Plan or the Arrangements being used in respect of the transfer

Member to complete	Signed:	
	Date:	25/10/2013
	Print name:	PATRICK TERENCE VARLEY

RECEIVING SCHEME DECLARATION

Receiving scheme to complete	On behalf of the receiving scheme, we confirm that the transfer value will be applied to provide pension benefits for the member and that our scheme is: (Please tick the statement that applies)	
	<input type="checkbox"/>	A registered pension scheme approved under Part 4 of the Finance Act 2004. Please provide a certified copy of the HM Revenue and Customs approval letter.
	<input type="checkbox"/>	A qualifying recognised overseas pension scheme as defined by the revenue under Part 4 of the Finance Act 2004 and has satisfied the Revenue requirements in this respect. Please provide a certified copy of the letter from HM Revenue and Customs confirming the recognised status of the scheme.
	Signed:	
	Date:	
	Print name:	

Please send this form to:

City Trustees – Pilgrim SIPP
MW House
1 Penman Way
Grove Park
Enderby
Leicester
LE19 1SY

The Professional Trustee of the Pilgrim SIPP is Mayflower Trustees Limited.
The administrator of the Pilgrim SIPP is City Pensions Limited which is authorised and regulated by the Financial Services Authority for Self Invested Personal Pensions. Small Self-Administered Schemes are regulated by the Pensions Regulator.
The Registered Office is: 1 Penman Way, Grove Park, Enderby, Leicester, LE19 1SY.
Registered in England Mayflower Trustees Limited Number 06586653 and City Pensions Limited Number 04785856.

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

CITY TRUSTEES – INTERNAL USE ONLY

Provide information in respect of
all BCE's (Post-5 April 2006 only)

Uncrystallised funds transfer value:

£

Crystallised funds transfer value:1

£

Indication of lifetime allowance used if the client
has previously crystallised funds

% (please insert 0% if no allowance has been used)

If the client has crystallised funds, were these
crystallised prior to
5 April 2006?

YES

NO

If YES, please indicate the value of the A-day
crystallised funds at the date of transfer:

£

If YES, please indicate the maximum pension
payable at last review and date reviewed:

Maximum Pension

Date reviewed (dd/mm/yyyy)

£

Next review date:

Date of crystallisation event	Amount of tax-free lump sum £	Amount crystallised £	Percentage of lifetime allowance used %	Maximum income £	Next reference date	Pension year

PENSION CREDIT

DD/MM/YYYY

Please provide copy

Funds in relation to pension credit rights:

£

Date pension credit effective:

LTA enhancement factors for pension
credit:

HMRC certificate reference:

DEATH BENEFITS

DD/MM/YYYY

Funds in relation to death benefits:

£

Date death benefit received:

1 Please note we are not permitted to make partial transfer of crystallised funds. All crystallised funds must be transferred in full.

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MW House
1 Penman Way
Grove Park
Enderby
Leicester
LE19 1SY

Telephone number: 0116 240 8700
Fax: 0116 240 8701

Email: info@citytrustees.co.uk
Web: www.citytrustees.com

Registered in England at the above address
Authorised and regulated by the Financial Services Authority

P:\PILGRIM SIPP\MISC\DOCUMENTS\20121030 PILGRIM SIPP TRANSFER OUT APPLICATION FORM



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