



A Wholly Owned Subsidiary of Hargreaves Lansdown Plc. Authorised & Regulated by the Financial Conduct Authority.
Company Registered in England and Wales No. 1896481. Registered Office at address shown.

Asset Management Ltd
One College Square South,
Anchor Road,
Bristol,
BS1 5HL

Tel: 0117 980 9926
www.hl.co.uk

Pension Practitioner.com
Daws House
33-35 Daws Lane
London
NW7 4SD

16 July 2015

Our Ref: 1997649

URGENT

Pension Transfer: Request for Discharge Forms

Dear Sir/Madam

**Existing Policy: Pension Practioner.com NB869307C [Partial Transfer]
Member: Mrs M Baker , 4 Steadings Rise Knutsford Cheshire WA16 0WB
Transferring into: HL Vantage SIPP (PSTR – 00616238RC)**

Please find attached a letter of authority to enable our client to transfer the above policy to the HL Vantage SIPP. I would be grateful if you could send the necessary transfer out details to enable this to proceed. **If you do not require discharge forms, please provide us with details of the above policy and what you require to proceed with the transfer.** If the transfer details can be provided in an electronic format please send this to the email address below.

We understand the above policy is part of a Small Self Administered Scheme. I would be grateful if you could therefore **provide the following information** with the discharge forms:

- 1) Has the member taken benefits from the above plan?
- 2) Is the member entitled to a pension commencement lump sum in excess of 25%?
- 3) Is the above member the sole member of the scheme?
- 4) Confirmation that the ceding scheme trustees and administrators will handle all aspects of the winding up of the above SSAS.
- 5) Does the above plan contain any property?
- 6) Are there any loans or deficits on the plan? If so, these must be settled before the transfer takes place.

In the event the above policy is not a SSAS scheme I would be grateful if you could contact us at your earliest convenience to confirm this as the details we require differ with the type of scheme being transferred.

Please **DO NOT ISSUE A CHEQUE** at this point; we are unable to accept the transfer without this information.

If there is a court order attached to the plan, please contact us before proceeding.

If benefits have been crystallised or any tax free cash paid please also do not proceed with the transfer and contact us immediately.

If you have any further queries on this matter, or any other, please do not hesitate to contact me on 0117 9809926 or at sipptransfers@hl.co.uk

Yours faithfully,

Tom Taylor
Hargreaves Lansdown Asset Management Ltd

SECTION 4 TRANSFER YOUR EXISTING PENSIONS

Returning these forms allows the transfer of the plan(s) below to Hargreaves Lansdown without further paperwork, when possible. Complete a separate form for each policy you transfer (for additional forms call 0117 980 9926 or make a photocopy). Read the enclosed Transfer Checklist and Common Transfer Declaration contained within the Important Investment Notes first.

POLICY 1	Title (Mr, Mrs etc)	Full Name	
	MRS	MARCIA CAROLINE BAKER	
	Address		
	4 STEADINGS Rise, MERE, CHESHIRE		
		Postcode	WA16 0WB
	National Insurance No.	Date of Birth	
	N 3869307C	181063	
PENSION DETAILS	Scheme Name		
	PQB PENSION SCHEME		
	Reference number		
	00787896RQ		
	Scheme type e.g. Stakeholder	SSAS	Tick if in Drawdown <input checked="" type="checkbox"/>
	Approx transfer value (exact amount if partial transfer)	£ 120,000	Tick if partial transfer <input checked="" type="checkbox"/>
	Name and address of Scheme Administrator		
	PENSION PRACTITIONER.COM DAWS HOUSE, 33-35 DAWS LANE, LONDON NW7 4SO		

I confirm: SL53A

- I have read the Transfer Checklist, checked if I will lose benefits or incur penalties and wish to transfer the policy listed above.
- I have read, understood and agree to the Common Transfer Declaration.
- Hargreaves Lansdown has not given me advice; I am responsible for my decision to transfer; and I will seek independent financial advice if I am unsure transferring is right for me.
- I authorise the current provider as listed above to give Hargreaves Lansdown any information they require about my membership of the above scheme.

X *[Signature]* PLEASE SIGN HERE 15/07/15

POLICY 2	Title (Mr, Mrs etc)	Full Name	
	Address		
		Postcode	
	National Insurance No.	Date of Birth	
PENSION DETAILS	Scheme Name		
	Reference number		
	Scheme type e.g. Stakeholder		Tick if in Drawdown <input checked="" type="checkbox"/>
	Approx transfer value (exact amount if partial transfer)	£	Tick if partial transfer <input checked="" type="checkbox"/>
	Name and address of Scheme Administrator		

I confirm: SL53A

- I have read the Transfer Checklist, checked if I will lose benefits or incur penalties and wish to transfer the policy listed above.
- I have read, understood and agree to the Common Transfer Declaration.
- Hargreaves Lansdown has not given me advice; I am responsible for my decision to transfer; and I will seek independent financial advice if I am unsure transferring is right for me.
- I authorise the current provider as listed above to give Hargreaves Lansdown any information they require about my membership of the above scheme.

X *[Signature]* PLEASE SIGN HERE DATE

