



22nd October 2015

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

Dear Sirs,

PRN Medical Transcription Pension Fund – Mrs J P Stafford

I enclose a letter of authority from Jan Stafford, so that we can request some information in respect of her pension plan. I would be grateful if you would note this on your records and provide us with the following:

- Confirmation of the type of pension/scheme
- A copy of the scheme rules
- Mrs Stafford's pension start date and normal retirement date
- Mrs Stafford's historical contributions
- Mrs Stafford's split of funds in the pension scheme
- A recent investment valuation
- A benefit statement showing the projected benefits at normal retirement age
- Details of the current investment funds, including specific series if applicable. SEDOL or ISIN codes and the past performance of the fund, and fund fact sheets.
- Details of the SSAS funds
- Details of specific charging basis for the plan, including AMC, funds, TERs, bid/offer spread, policy fees, administration fees and any additional related charges, including DFM charges if applicable
- Current fund transfer value, including any MVR if applicable and/or any penalties on transfer

- Details of any nominated beneficiaries of Mrs Stafford's pension and a nomination form
- Details of crystallised and uncrystallised funds
- Transfer forms

These should be sent for the attention of Andrew Gillett at:

BRI Wealth Management
BRI House Elm Court
Meriden Business Park
Meriden
CV5 9RL

If you have any queries please contact me on the above number.

Yours faithfully

A handwritten signature in black ink, appearing to be 'Catherine Lear', with a long horizontal flourish extending to the right.

Catherine Lear



LETTER OF AUTHORITY

		Policy Holder Details	
Date:		Policy Holder 1 Name:	Jan Patricia Stafford
Advisor Firm Name:	BRI Wealth Management	DOB	15/06/1955
		National Insurance No:	YZ 66 64 32 C
Address:	BRI House, Elm Court	Policy Holder 2 Name:	
	Meriden Business Park,	DOB:	
	Meriden	National Insurance No:	
Postcode:	CV5 9RL	Address:	SOUTHVIEW BARN
Tel no:	01676523550		SINTON GREEN
Email address:			WORRESTER
Your agency code:		Postcode:	WR2 6NW
FRN:		Tel No:	
		Email address:	

NB: On submitting this form you agree to indemnify the Providers should information be released or remuneration be paid which you are not entitled to.

To: Pension Practioner.com

Product: PRN Medical Transcription Pension Fund

I/We Authorise/Appoint: (Enter Name of Advisor Firm) BRI Wealth Management plc

Instructions:

Please tick and complete **Part A** if requesting policy information only.

OR

Please tick and complete **Part B** if requesting appointment of a new Financial Advisor

Letter of Authority: Part A – Request for policy information only.

LOA Part A



Please specify the type(s) of information required by selecting either one or both options below as required. If both boxes are left blank your instruction may be delayed.



Ticking this box will enable your advisor to receive general policy information.

Note: this authority will remain in place until I/we cancel it in writing.

Letter of Authority: Part B – Request for appointment of a new Financial Advisor.

LOA Part B ☐

In respect to all policies detailed below in Parts C or D, I/we understand that this will involve the ongoing authority for my/our new Advisor to:

- Obtain policy information and request the transfer or servicing rights;
- Be responsible for giving financial advice;
- Provide ongoing servicing in respect to all policies detailed below in Parts C or D.

This authority will remain in place until I/we cancel it in writing.

I/We further instruct that the payment of remuneration payable under my/our policies and my/our new and previous Financial Advisors should be as detailed below:

Advisor Commission (Renewal/Trail)

☐ I/We confirm the transfer of any ongoing commission to my/our new advisor and they have explained the services that will be provided in return for this payment.

(please note if this is not confirmed by ticking this box the renewal/trail commission will be stopped).

Outstanding Initial Advisor Charges

☐ Outstanding Initial Advisor Charges to my/our previous Advisor will be stopped.

☐ Outstanding Initial Advisor Charges due to my/previous Advisor will continue to be paid.
(some product providers may not support this option).

(please note that if you are no longer planning on paying for charges in this way you will need to contact your previous Advisor to discuss settling any outstanding charges. Please also discuss the legal implications of this action with your new and previous Advisor).

Ongoing Advisor Charges

Any ongoing Advisor charges (deducted from my/our policies) and paid to my/our previous Advisor will be stopped.

(Please tick the boxes below if the following statements are true):

☐ Ongoing Advisor Charges (deducted from my/our policies) to be paid to my/our new Financial Advisor are to remain at the same level and frequency as those paid to my/our Advisor.

☐ The current level of Ongoing Advisor Charges have been fully discussed and agreed with my/our new Advisor and shall be % per annum.

Note to Advisor: Any variance in Ongoing Advisor charges from those paid to the previous Advisor will need to be disclosed and advised separately. Please note that separate Policy Owner consent to apply revised Advisor Charges to policies will be required.

Please note that the above instructions will apply to all policies indicated in C or D below.

Please tick either Box C or D. (*Basic policy information may be sent or made available online to your new Financial Advisor on receipt of this Letter of Authority).

C*

☐


Specific policy (ies) only - numbered as follows:

D*

☐

All of my policy (ies) - numbered as follows:

Signatures of all policy owners (inc. grantee(s), assignee(s), trustee(s) where appropriate):

Signature	Full Name	Role	Date
	Jan Patricia Stafford		15/10/2015