## **Caroline Vaz**

From:

Vaz, Clarence < Clarence. Vaz@paperlinx.com>

Sent:

19 July 2013 15:15

To:

Caroline Vaz; Caroline Vaz

**Subject:** 

FW: Transfer out

**Attachments:** 

Transfer Discharge Form.pdf; Account Closing Letter.doc

Nearly there

From: Vicki O'Rourke [mailto:Vicki@libertypensions.com]

**Sent:** 19 July 2013 15:05

To: Vaz, Clarence

Cc: blue

Subject: Transfer out

Good Afternoon Mr Vaz,

SEE endosed

Further to our telephone conversation, please find attached an account closing letter and transfer discharge forms.

The receiving scheme will need to complete their part of the)transfer discharge form before returning them to us.

Please note we require the original documents to be returned to us at:

**Liberty SIPP LTD** The Exchange

**Bank Street** 

Bury

**BL9 ODN** 

If you have any queries regarding this please do not hesitate to contact us.

Kind Regards,

Vicki O'Rourke

Liberty SIPP Ltd The Exchange Bank Street Bury

BL9 0DN

please Coll

7798888 673

www.libertypensions.com

(T) 0161 763 7070

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Ref: V002

Veronica Marnell Head of RBS UK SIPP Unit 4th Floor 5-10 Great Tower Street London EC3P 3HX

19th July 2013

**Dear Veronica** 

Liberty SIPP Re:

C Vaz

D.O.B

11/04/1953

NPR Account

10133653

Ref

V002

Mr Clarence Vaz has decided to transfer out of Liberty. Please could I ask that you send all remaining funds to:

Bank

INVESTEC

Sort code

08-60-68

Account no

369265/02

Account name

Pension Cheque Account

Once funds have been transferred please close the account.

Clarence Vaz has signed at the bottom of this letter to give his authority.

Please contact me if you have any queries.

Yours sincerely

**Helen Harrison** 

**Liberty Trustees** 

Samantha Rankine

**Liberty Trustees** 

Clarence Vaz

Clarem howly

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## TRANSFER DISCHARGE FORM

| MEMBER REF (Office use only)   |                           |                   |           |
|--|---------------------------|-------------------|-----------|
| PART A (TO BE COMPLETED BY THE MEMBE   | R)                        |                   |           |
| Name CLARENCE LEO VAZ  |                           | NI Number         | YX385926A |
| Address GRANGE FARM SHOTWELL MILL LANE ROTHWELL NORTHAMPTONSHIRE   |                           |                   |           |
| Postcode NN14 GHL  |                           |                   |           |
| Account Number 10133653  |                           |                   |           |
| TRANSITIONAL OR FIXED PROTECTION: We recommend that you seek independent financial advice be Have you registered for enhanced, primary or fixed protection If yes please send us a copy of the HMRC certificate.   |                           | ion.<br>YES       | NO V      |
| Do you have a protected pension age (i.e. you are entitled to to If yes what is the protected pension age  | ake benefits before age 5 | 5) YES            | NO 🗸      |
| MEMBER DECLARATION: Please wind up the above plan and transfer the benefits arising with this request shall be a full discharge of the liability of Lib Please encash all investments and transfer out in cash Please transfer all investments in specie; any cash on the RBS will also be transferred to the Receiving Scheme | erty SIPP Limited and L   |                   |           |
| Signed Clarence Leo/g/   | (Member)                  | Date 14           | 108/2013  |
| Signed   | (Authorised signator      | ry, Liberty SIPP) |           |
| Signed   | (Authorised signator      | ry, Liberty SIPP) |           |

## PART B (TO BE COMPLETED BY RECEIVING SCHEME)

| Receiving Scheme/Insurer/Po   | olicy No:  |                          |            |
|-------------------------------|--|--------------------------|------------|
| Address/Post Code of Schem    | e/Provider   |                          |            |
|                               | ension Scheme under Chapter II Part IV of the Finance Act 2004? thead unless an annuity is being purchased                   | YES                      | <b>NO</b>  |
| HM Revenue & Customs Re       | eference Number  |                          |            |
| Contracting Out reference (i  | ie ASCON/SCON/ECON/ASCN)   |                          |            |
| PLEASE TICK THE A             | PPROPRIATE BOX DESCRIBING THE TYPE OF REC  | EIVING SCHEME            |            |
| Fully invested in insurance p | policies with the provider named above   |                          |            |
| Small Self Administered Sch   | eme (SSAS)   |                          |            |
| Self Administered Personal I  | Pension (SIPP)   |                          |            |
| Defined Benefit Scheme        |  |                          |            |
| Qualifying Recognised Over    | rseas Pension Scheme   |                          |            |
| Annuity Provider              |  |                          |            |
| PAYMENT INSTRUC               | TIONS (TICK AS APPROPRIATE)  |                          |            |
| Payee PENSI                   | on CHEQUE ACCOUNT - INVEST   | rec                      |            |
| By BACS (subject to a charg   | ge) By immediate transfer eg CHAPS (subject to a charg   | e) 🔽                     |            |
| Bank NVEST                    | EC SPECIALISED BANKING - I   | LNUESTEC                 |            |
| Address 2 GRES                | HAM STREET   |                          |            |
| honon                         |  |                          |            |
| ·                             | Y 7QP  |                          |            |
| Sort Code                     | 8/60/68  |                          |            |
| Account name                  | SUSION CHEQUE ACCOUNT  | <del></del>              |            |
| Account number 36             | 9265/02  | Ref CVSIPF               | ,          |
| DECLARATION BY I              | RECEIVING SCHEME   |                          |            |
|                               | Formation is correct and agree to the transfer of benefits. I authorise HA that the Receiving Scheme is a Registered Scheme. | 1 Revenue & Customs to o | onfirm, or |
|                               | B. 1.1   |                          |            |
| Signature                     | Position   |                          |            |
| Name (in capitals)            | Date   |                          |            |