Transact Pension Transfer Out Warranty

Section A - Plan	Detail	S			
Client Name		Miss Nicola Rapson			
Plan Type		SIPP			
Membership Certificate	Number	000-0624-437			
Transact Portfolio Numb	ber	501-023-774			
Current Value		Pension Rights	£		
(Not guaranteed)		Section 9(2b) Rights	£		
		TOTAL TRANSFER VALUE	£4,020.75		
Valuation Date		DJ1110001111011111111111111111111111111			
None of the benefits from this transfer are subject to an 'earmarking' order.					
Please Note		,			
 The actual transfer va funds are disinvested quarter. 	alue will d I and the a	lepend on the value of the assets held amount of any outstanding charges in	on the day tha the current		
• Please indicate if exis	sting asse	ts are to be transferred:			
In Specie					
Cash	(Se	ell all assets and convert to cash prior to tran	isfer) f hanefits to be		
Partial	trai	Partial transfer required, please provide % of nsferred. Please Note , partial transfers are trual or partial annuity transfers	only applicable to		

Section A - Plan Details Contd.

Pension Details

Income Commencement Date					
Date of Last Review					
Max GAD Income					
Amount of Lifetime Allowance Used	%(where appropriate)				
Transact Scheme Details					
PSTR Number	00605455RP				
This payment comes from a Registered Pension Scheme approved under Part 4 of the Finance Act 2004. Formerly an approved Personal Pension scheme under Chapter IV of Part XIV of ICTA 1988.					
Member Declaration					
I hereby request that IntegraLife Up requested in my Transact Personal Section B below.	CLimited pay the current value of the benefits I have Pension to the receiving arrangement indicated in				
I confirm that this payment represe that IntegraLife UK Limited will have	ents a full discharge of all the benefits in the policy and e no further liability or obligation in respect of the policy.				
Signed	Date				
Mysical	27 / 03 / 2019				

Section B - Receiving Scheme Declaration

Members Name	Miss Nicola Rapson			
NI Number	SE365359D			
Name of Scheme	RF Investment Solution Pension Scheme			
Plan Number (if known)				
We undertake that the receiv	ving Scheme is:			
under Part 4 of the Financ	e: this is a scheme which is registered by HM Revenue & Customs e Act 2004, (including existing schemes that automatically acquire on 6th April 2006). The HMRC. Reference is:			
SF/PSTR/.	·			
(b) A Qualifying Recognise 'Qualifying ' scheme and r and evidence that:	d Overseas Scheme: for a recognised overseas scheme to become a etain qualifying status, the scheme manager must provide information			
Overseas Scheme • Undertake to notify	s all of the requirements as described below for a Recognised HM Revenue & Customs if the scheme ceases to be a Recognised nd supply them with information when making payments to certain			
We enclose a copy of the acceptance letter from HMRC Audit and Pension Scheme Services confirming the receiving scheme is a Qualifying Registered Pension Scheme. (Please tick this box to confirm the letter is enclosed).				
Transact is unable to transf	er benefits to any other type of scheme.			
	scheme is prepared to accept the transfer payment and that it opriate retirement benefits within the receiving arrangement.			
Scheme Particulars				
Registered Pension Scheme	e Number 00810573RZ			

(Please note that where transfers are being made to othe provider/insurer).	other insured schemes, payment will only be made	to	
Name and address of pension provider or sche	eme to which transfer is to be made.		
Pension Practitioner.Com	- All Resident Control of the Contro	_	
48 Chorley New Road			
Bolton	- III A HARRIMANA HERRI CARLO		
	Postcode: BL1 4AP	*******	
Account Name			
RF Investment Solution Pension Scheme			
Bank Name and Address			
Allied Irish Bank			
St James's House	-79.00		
Charlotte Street			
Lancashire	ostcode: M1 4DZ		
Sort Code	Account Number		
2 3 - 8 3 - 9 6	0 4 9 1 9 0 8 8		
Payment I	Reference		
RFISPS/M2	2/NR		
NB: If unable to accept payment via BACS,	, please contact Transact directly to advise.		
Declaration I/we* confirm that the information given in semony/our* knowledge and belief. (*Delete where appropriate)	ection B above is accurate to the best of		
Signed for and on behalf of the receiving scheme	Date		
		_	
Print Name	Position		
Company Stamp	mass to the state of the state		

Payment Details