

Pension Practitioner
Dawes
33-35 Dawes Lane
London
NW7 4SD

15 October 2015

Dear Sir/Madam

SA Lythgoe – Richard Fletcher (Metals) Directors Pension Scheme

Further to our above mutual client please find enclosed Aviva paperwork for Mr Lythgoe, he is arranging for payment of his maximum tax free cash with them and the balance is to be transferred to you.

Please could you complete and sign the indicated section and forward all the paperwork to Aviva in envelope provided.

Should you have any queries regarding the above or any other matter please do not hesitate to contact us.

Yours faithfully



Tracey Best
Administrator

Section A

(MUST be completed)

The options below relate to those on the Retirement Illustration. Please ensure only ONE option has an "X" marked against it.

Should you decide to take pension Options 1-6, we will need you to complete and return the enclosed 'Personal Information Form'. Upon receipt of the completed form, we will issue the pension payment instruction form. Please indicate your selection in the box provided. To help speed up payment of your benefits please return the form as soon as possible.

Option	Tax-free cash element		"X"
1-6		A Pension from Aviva	<input type="checkbox"/>
7	Yes	Plus an Open Market Option to another insurance company	<input checked="" type="checkbox"/>
8	None	Full Open Market Option to another insurance company	<input type="checkbox"/>

The pension start date will change if the 'Retiring Now' form is returned after the retirement date.

The retirement date for this illustration is 13 August 2015.

Contact details

Daytime phone number between 9am and 5pm

077 66 22 55 52

Evening phone number after 5pm

Home address

14 BISHOPS OLE DRIVE
SUGGFIELD

Postcode S20 5PH

To help speed up payment of your benefits we might need to contact you for more information. If you are happy for us to do this by telephone please provide us with a number we can call between 9am and 5pm.

We might also ring you to get your views on our service. Please provide an evening number for this purpose (optional).

To be completed if we do not hold your address on our records or if it is different to that shown.

Plan number ET351163

For your security, please confirm your date of birth here:

26 01 1957

Data protection Act 1998

The information provided on this form, together with medical and other information about you provided in connection with this application will be used for the operation of insurance which covers you.

This includes the process of underwriting, administration, claims management, rehabilitation and customer concern handling.

In order to do this, the information may be shared with group companies and third party insurers, re-insurers, insurance intermediaries and service providers.

Your data will be processed fairly and securely in accordance with the Data Protection Act 1998. Details of your rights under the Act, the data which the providers holds, the data which may be passed to organisations outside of the provider and the organisations which might be involved, can be obtained by writing to the Provider's Data Protection Officer.

Your personal data will be available only to those who need to see it. For example, sensitive data, such as medical records, will be used for the purposes of underwriting or claim management and rehabilitation and will be seen only by the people authorised by the provider's Chief Medical Officer or equivalent.

You are entitled to receive a copy of all your personal data held by contacting either your financial adviser or the provider.

Please note that during the processing of any proposals and administration, information may be transferred outside the European Economic Area. You are consenting to this transfer by signing and returning this document.

Access to medical reports

As your annuity provider, we have the right to apply for a medical report from any doctor who has attended you at any time. This right is given to us under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 or the Access to Health Records and Reports (Isle of Man) Act 1993.

By signing and returning your annuity application form, you give your consent to us applying for a medical report if we need to.

You and your medical reports

You don't have to give your consent, but without it we can't accept your request to buy an annuity from us. If you do give your consent, you can indicate whether or not you would like to see any report before it is sent to us. If you don't want to see the report, the doctor will send it to us immediately and we'll process your application straight away.

You can change your mind at any time within six months and notify the doctor that you wish to see the report. If the doctor has already forwarded the report to us, he/she will send you a copy and, if not, he/she will give you 21 days to arrange to see it.

If you have chosen to see any report, you should bear in mind these things:

- This is likely to delay us in processing your application.
- The doctor can charge you a fee to cover the cost of supplying you with the report.

How to see your medical report

If you want to see your medical report, you should follow these steps:

- Tell us on the application form that you want to see any reports. We will let you know if we apply for a report and will tell your doctor that you want to see it. You will have 21 days to contact the doctor and arrange to see the report.
- You must give your doctor your consent to send the report to us.
- You can ask your doctor to amend any part of a report that you consider incorrect or misleading. If the doctor refuses to amend the report, you can write your comments on a separate sheet of paper and add it to the report.

Withholding part of a medical report

Your doctor doesn't have to let you see any part of a report that he or she considers likely to cause serious harm to the physical or mental health of yourself or others, or that would indicate his or her intentions towards you.

Your doctor doesn't have to let you see any part that is likely to identify or disclose information about another person who has supplied information about you. This would not apply if that person has consented or the information has been supplied by a health professional caring for you

Your doctor must tell you if he or she has not let you see any part of the report

Retiring Now form—Section B

Only complete this section if you are taking your whole fund as a cash sum.

If you have elected to take a pension from Aviva, please complete and return the 'Personal Information Form'. On receipt of the completed form, we will issue an updated illustration and 'Retiring Now' form.

National Insurance Number

VZ817259A

Details of the bank account to which your benefits are to be paid

Name of bank or building society

Handelsbanken

Name/s in which account is held (in full)

S + C LATHROP

We cannot make payments to third parties

Account number

55388206

Sort code

60 95 34

Roll number

Building societies only

Retiring Now form—Section C

Complete this section if you want to use the Open Market Option and move your pension fund to another insurance company.

If you want Aviva to pay the tax-free cash before moving the rest of your pension fund to another provider please complete your account details below:

Name of bank or building society

KANDELSBANKE

Name/s in which account is held (in full)

S & C LYTNGOE

Account number

5	5	3	8	8	2	0	6
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Sort code

6	0	9	5	3	4
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Roll number

Building societies only

In order to pay an Open Market Option we require the following information about your chosen pension provider. They can either complete and sign the section below or provide their own statement on company headed paper.

Payee

this must be a pension provider

Reference and Department

Address

Postcode

Name of bank

Account number

Sort code

BACS payment ref

I confirm that benefits will be applied for and in respect of the Member.

Signature of pension provider representative

On behalf of (pension provider):

Please use a company stamp

Date

d	d	nt	nt	y	s	r	v
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Plan number ET351163

Retiring Now form—Section D

Financial Advice

Have you received financial advice?

☒ Yes ☐ No

Name of Adviser **DAVID THOMPSON**

Address **TAG WEALTH MANAGEMENT**
RIVERDALE
89 GRAHAM ROAD, SHEFFIELD

Postcode **S10 3GP**

Aviva Account Code

Plan number **ET351163**

(If no details are shown here we will assume that you do not have a financial adviser and no payment will be made.)

Retiring Now form—Member's Declaration

Lifetime Allowance

☒ I've read the information about the lifetime allowance and I accept this plan in total represents 2.36% of the standard lifetime allowance (£1.25 million in the 2015/2016 tax year).

You'll need to read the details about lifetime allowance in the 'Your retirement options' booklet. Remember, the lifetime allowance limits won't affect the vast majority of our customers.

☒ I confirm I have enough unused lifetime allowance to cover the benefits of this plan.

(If you don't have enough lifetime allowance we will send you a full declaration to complete. Your benefits will not be paid until you have completed and signed the full declaration).

Tax-free cash

☒ If I'm taking a tax-free cash sum I confirm that:

EITHER—The amount I receive from this plan, together with any other tax-free cash sums I have received in a 12-month period (ending when the payment from this Aviva plan is made) will not exceed £7,500.00 on the day the payment is made.

OR—I won't use more than 30% of the tax-free cash sum to significantly increase my contributions into a registered pension scheme/pension plan.

*This **MUST** be ticked if you have chosen a tax free cash option.*

You'll need to read the details about tax-free cash recycling in the 'Your retirement options' booklet.

Other benefits

☐ I confirm I have no other pension benefits that need to be taken into account. *or*

☒ I have other pension benefits that need to be taken into account:

If you do have other pension benefits we need to take into account please contact us with details of the pensions and, if applicable, the tax-free cash sums payable.

— To Follow

Personal Information

- ☐ When you sign and return your Retiring Now form, you are confirming that the personal information you have provided in the personal information form and/or over the telephone is still correct.

You are also acknowledging that:

- we may ask for evidence from you or other sources to confirm the personal information you have provided is correct
- we reserve the right to offer revised policy terms, should we issue the policy and subsequently find that you misrepresented any material facts. This may result in a lower income than you could have received by purchasing an annuity elsewhere, and in any overpayments already made, being recovered by us
- we may write to any doctor you have consulted about your physical or mental health to confirm any medical/lifestyle information you've provided (this doesn't happen in every case, but is determined according to a number of set criteria)
- you accept that further medical information may lead to a lower income than you could have received by purchasing an annuity elsewhere
- you will repay money to us if we have overpaid you
- you authorise those we ask to verify any medical information that was given for this annuity application when they see a copy of this consent (this only applies within six months of the start of the annuity or after your death)
- you accept that it's your responsibility to provide us with accurate information about your smoker status. We may contact your doctor to ask you to take a medical test to confirm that the information you've given us is correct. If you refuse to take the test or the test proves that you have given us incorrect information, we may reduce your annuity payments or recover any payments we've already made.

Money Laundering

Under current UK Money Laundering legislation we must perform certain checks on the identity of our customers to help detect and prevent money laundering. The Financial Conduct Authority requires all regulated firms to follow the same guidelines. If you are unable to provide one of these documents then please contact our Client Services department on 0800 953 1777.

Proof of identity

- An original bank statement, dated within the last 3 months. *or*
A cancelled cheque *or*
An original paying in slip *or*
A valid Introduction Certificate of Verification of Identity from an Independent Financial Adviser (IFA).

Please tick only one.

Please note that this proof of identity must be for the same bank account as that shown in the 'Retiring Now' form. We will take a copy of the document you send us and return the original to you.

Please note that we must have your proof of identity *before* we can carry out your instructions.

Declaration

I, Mr Steven Lythgoe, accept that:

The amounts actually payable may differ from those shown in the illustration.

Once payment has been made for the whole of the plan, Aviva is no longer responsible for the plan.

Once payment has been made for part of the plan, Aviva will only be responsible for the rest of the plan.

I confirm all information I have given is true. If I become aware of any changes to the information I agree to notify Aviva at the earliest opportunity.

I agree I will be responsible for any additional tax charges or any penalties which arise if the information provided is incorrect.

I have read the details about providing health and lifestyle information.

I accept that where I have provided health and lifestyle information, you may contact my doctor or ask me to have a medical test to confirm the information I've given is correct.

I give permission for my doctor or consultant to give information about my health and lifestyle, if it's requested within six months of any retirement income being set up.

If a medical report is requested, I do not* want to see the report before it's sent to Aviva.

*Only delete the word 'not' if you want to see the report



Signature of Member



Date

Plan number ET351163

IMPORTANT DOCUMENTS FOR COMPLETION

Please return this document with the required forms for your selected option, please note we will be unable to process your request without this. We need this information to comply with Financial Conduct Authority (FCA) rules.

Have you accessed Pension Wise and received guidance on your retirement options?

☐ Yes

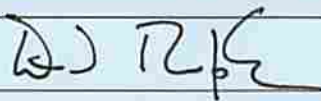
☒ No

Have you received advice from a Financial Adviser on your retirement options?

☒ Yes

☐ No

If your policy contains a guaranteed benefit, is valued over £30,000 and you're considering any retirement option other than taking an annuity with us you must have taken financial advice and the Financial Adviser must complete the statement below.

Name:	DAVID THOMPSON - TAX WEALTH MANAGEMENT		
Address:	RINGDALE, 89 GRAWIN ROAD, SUGGFIELD, SK10 3GP		
Individual registration no.	OXT00019		
FCA reference number:	601628		
As the FA advising on this business, I can confirm that I have the appropriate FCA permissions to undertake this regulated activity.			
Signature:		Date:	9/9/15
Print name:	DAVID THOMPSON		

Regardless of whether you have received guidance or advice our regulator, the Financial Conduct Authority, requires us to highlight some relevant risks to you associated with the option you choose for your retirement.

Enclosed are two documents to help you identify the risks which are relevant to you. They cover the following options:

- I want to buy an income for my lifetime
- I want to withdraw all my money

Depending on the option you choose you need to consider the associated risks, it is important that you complete the declaration below to confirm this.

I confirm that I have been through the questions attached and understand the risks relevant to me in relation to the retirement option I've chosen.

Policyholder Signature:		Date:	09/09/15
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Identity verification certificate

PRIVATE INDIVIDUAL



To be completed by an Financial Conduct Authority Regulated Firm, EU Regulated Financial Services Firm or Non-EU Regulated Financial Services Firm

Complete a separate certificate for all parties to the contract (eg joint applicants, trustees, settlors, third parties including beneficial owners) where you have checked their identity.

Full name of customer*/ ~~trustee~~*/

beneficial owner*/ ~~third party~~

(provide relationship to applicant)*

STEWEN AUGUST LYTAGOR

*Delete as applicable

Date of birth

26/1/57

Current address

14 BISHOPDALE DRIVE

SHEFFIELD

Postcode S20 5PH

Previous address

if applicant has changed address in last three months

FACE TO FACE/NON FACE TO FACE APPLICATION*

*Delete as applicable

Please complete the section that applies to you.

CONFIRMATION – Financial Conduct Authority regulated firm

I/we confirm that:

- (a) I/we got the information in the section above from the customer
- (b) the evidence I/we have obtained to confirm the identity of the customer:

[tick only one]

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG

or

exceeds the standard evidence (I/we have attached further verification evidence to this confirmation).



CONFIRMATION – EU regulated financial services firm

We confirm that:

- (a) I/we got the information in section 1 above from the customer
- (b) the evidence we have obtained to confirm the identity of the customer meets the requirements of our national money laundering legislation that implements the EU Money Laundering Directive and any relevant authoritative guidance provided as best practice for the type of business or transaction to which this confirmation relates
- (c) where the underlying evidence confirming the customer's identity is held outside the UK, we'll provide copies of the relevant customer records we're required to keep by local law to UK law enforcement agencies or regulators under court order or any relevant mutual assistance procedure.

CONFIRMATION – Non-EU regulated financial services firm

We confirm that:

- (a) I/we got information in section 1 above from the customer
- (b) the evidence we have obtained to confirm the identity of the customer meets the requirements of local law and regulation;
- (c) where the underlying evidence confirming the customer's identity is held outside the UK, we'll provide copies of the relevant customer records we're required to keep by local law to UK law enforcement agencies or regulators under court order or any relevant mutual assistance procedure.

Section B

I have not verified the identity of the applicant because (tick as applicable):

Please tick _____

Low premium exemption applied _____

Source of funds concession applied _____

Jurisdiction _____

Full name of regulator firm TAG WEALTH MANAGEMENT

Name of regulator FCA

Regulator reference number 601628

Signed# DAVID THOMPSON

Name DAVID THOMPSON

Position PARTNER

Date 9/9/15

#This certificate must be signed by the person who has seen the original documentary evidence.

Company stamp:

TAG WEALTH MANAGEMENT
RIVERDALE
89 GRAHAM ROAD
SHEFFIELD S10 3GP
TELEPHONE: (0114) 2630888