

Fenwick Solicitors

SOLICITORS AND PENSION SCHEME PRACTITIONERS

Tel: 01752 250821 Fax: 0844 7700154 email: enquiries@fenwick.org.uk

ALL QUESTIONS SHOULD BE ANSWERED

Name of Scheme	Rocky Asset Management Pension Scheme	Name of Introducer:	MARK STEVENSON STEVENSON PRIDE
Name of Company/ Employer establishing the Scheme	Rocky Asset Management		
Employer Serving Address for Pension Correspondence	46 JAMAICA STREET LIVERPOOL L1 0AF		
Nature of the scheme establisher's business:	DORMANT		
Employer corporation/partnership tax reference:			VAT reference: N/A
Employer PAYE reference:	N/A	No. of Employees:	1
No. of years Trading (Employer):	— 3 MONTHS	Telephone Number:	0151 708 6569
Employer Self-Assessment Unique Taxpayer Reference (UTR) (Sole Traders):			
Contact Name/Email			

Accountant Details

Name of the Company	DLBSMD
Contact Name	DAVID BATES
Telephone Number	0151 708 6569
Email Address	David.bates@dlbsmd.co.uk
Address	46 JAMAICA STREET LIVERPOOL L1 0AF

Financial Advisor/ Agent Details

Name of the Company	STEVENSON PRIDE
Contact Name	MARK STEVENSON
Telephone Number	0845 241 9963
Email Address	support@StevensonPride.co.uk
Address	

Trustees

Trustee 1 Title (Mr, Miss, Mrs)

Forename(s)

Surname

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address:

Home Tel:

Work Tel:

Email Address:

Is this Trustee also a Member?

☒ Yes ☐ No

Trustee 2 Title (Mr, Miss, Mrs)

Forename(s)

Surname

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Home Tel:

Work Tel:

Email Address:

Is this Trustee also a Member?

☐ Yes ☐ No

Trustee 3 Title (Mr, Miss, Mrs)

Forename(s)

Surname

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Home Tel:

Work Tel:

Email Address:

Is this Trustee also a Member?

☐ Yes ☐ No

Trustee 4 Title (Mr, Miss, Mrs)	Forename(s)
Surname	Date of Birth
Proposed Retirement Date	National Insurance Number
Home Address	
Home Tel:	
Work Tel:	
Email Address:	
Is this Trustee also a Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Further Information	
Name of Ceding Transfer Scheme 1	Biffa Transfer Value: 29 000
Ceding Transfer Scheme 1 Plan/Reference Number	WWG/2358953
Ceding Transfer Scheme 1 Policy Holder:	PAUL ALAN BERMAN
Name of Ceding Transfer Scheme 2	Transfer Value:
Ceding Transfer Scheme 2 Plan/Reference Number	
Ceding Transfer Scheme 2 Policy Holder:	
Are completed signed discharge forms for each enclosed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Please email this form and any pension discharge completed forms, along with the signed trust deed below PLUS certified copies of your passport/or drivers licence and counterpart PLUS certified copies of a utility bill (not phone bill) within last 3 months to:

enquiries@fenwick.org.uk

Fenwick Solicitors

34 Lipson Road

Plymouth Devon

PL4 8PW

Signed on behalf of Employer	Dated: 7/10/2014
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All Trustees and employer should sign the highlighted last 2 pages of the attached of the trust deed as shown. By signing those two pages you authorise us to approve a trustee bank account on your behalf and enter a copy of your signature on those pages in the bank mandate we complete on your behalf. Guidance in square brackets should be deleted complete & post to us.