Transact Pension Transfer Out Warranty

Section A - Plan Details Mrs Joanna Godsmark Client Name SIPP Plan Type Membership Certificate Number 000-0763-919 789-196-761 **Transact Portfolio Number** Pension Rights **Current Value** (Not guaranteed) Section 9(2b) Rights £2,008.82 TOTAL TRANSFER VALUE **Valuation Date** None of the benefits from this transfer are subject to an 'earmarking' order. Please Note The actual transfer value will depend on the value of the assets held on the day that

- The actual transfer value will depend on the value of the assets held on the day that funds are disinvested and the amount of any outstanding charges in the current quarter.
- Please indicate if existing assets are to be transferred:

In Specie		
Cash	X	(Sell all assets and convert to cash prior to transfer)
Partial		If Partial transfer required, please provide % of benefits to be transferred. Please Note, partial transfers are only applicable to accrual or partial annuity transfers

Pension Details Income Commencement Date Date of Last Review Max GAD Income **Amount of Lifetime Allowance**%(where appropriate) Used 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 UK Limited pay the current value of the benefits I have requested in my Transact Personal Pension to the receiving arrangement indicated in Section B below. I confirm that this payment represents a full discharge of all the benefits in the policy and that IntegraLife UK Limited will have no further liability or obligation in respect of the policy. Date Signed

Section A - Plan Details Contd.

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Section B - Receiving Scheme Declaration Mrs Joanne Godsmark Members Name JP322802C NI Number STCL Pension Scheme Name of Scheme N/A Plan Number (if known) We undertake that the receiving Scheme is: A UK Registered Scheme: this is a scheme which is registered by HM Revenue & Customs X under Part 4 of the Finance Act 2004, (including existing schemes that automatically acquire this new registered status on 6th April 2006). The HMRC. Reference is: SF/PSTR/ .00824282RJ A Qualifying Recognised Overseas Scheme: for a recognised overseas scheme to become a 'Qualifying ' scheme and retain qualifying status, the scheme manager must provide information and evidence that: The scheme satisfies all of the requirements as described below for a Recognised Overseas Scheme Undertake to notify HM Revenue & Customs if the scheme ceases to be a Recognised Overseas Scheme and supply them with information when making payments to certain scheme members. 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 transfer benefits to any other type of scheme. I declare that the receiving scheme is prepared to accept the transfer payment and that it

will be used to provide appropriate retirement benefits within the receiving arrangement.

00824282RJ

Scheme Particulars

Registered Pension Scheme Number

(Please note that where transfers are being made to the provider/insurer).	other insured schemes, pa	yment will only be made to
Name and address of pension provider or sch	neme to which transfor	is to be made
Pension Practitioner.Com	icine to winer dansier	is to be made.
42 Chorley New Road		
Bolton		10,000 to 200000000000000000000000000000000
A STATE OF THE STA	Postcode: BL1 4AP	
Account Name		
SCTL Pension Scheme		
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Bank Name and Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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St James's House		ALL STATE OF THE S
Charlotte Street		-3.000000000000000000000000000000000000
Lancashire	Postcode :M1 4DZ	
Sort Code	Accour	nt Number
2 3 - 8 3 - 9 6	0 4 9	
Payment	Reference	
7	Godsmark	
NB: If unable to accept payment via BACS		t directly to advise.
Declaration I/we* confirm that the information given in semy/our* knowledge and belief. (*Delete where appropriate)	ection B above is accura	ate to the best of
Signed for and on behalf of the receiving scheme	Date	
	/	/
Print Name	Position	
Application of the state of the	/	/
Company Stamp		
	//	1

Payment Details