FENWICK
SOLICITORS

SOLICITORS AND COMMISSIONERS FOR OATHS

Head Office: 34 Lipson Road
Plymouth
PL4 8PW
Tel Number: 01752 250 821
Fax Number: 0844 807 3015
Email Address: tony@fenwick.org.uk
Website: www.fenwick.org.uk

Private and Confidential

Pension Practitioner .Com
Daws House
33-35 Daws Lane
London
NW7 4SD

Your Ref: GM/BD/A-Team
Our Ref: MIL/01/02
Date: 13 November 2014

Dear Sirs

THE MILL CPE EXECUTIVE PENSION SCHEME

Find attached Discharge Forms under cover of Wealthmasters' letter of 17 October.

Yours Faithfully

Fenwick Solicitors

wealthmasters
FINANCIAL MANAGEMENT LTD

Working Together Building and Preserving Wealth

17th October 2014

FAO Tony Bayagbona
Fenwick Solicitors
34 Lipson Road
Plymouth
Devon
PL4 8PW

Dear Tony

Re: C Orr & Z Ayhan

Please find enclosed the completed transfer forms for the above clients
Should you require any further assistance please do not hesitate to contact the office

Yours sincerely

Rachel Bevan
Assistant Office Manager

Enc

Registered Address:
Atlantic House, Charnwood Park,
Waterton, Bridgend CF31 3PL

London Office:
43 Berkeley Square,
London, W1J 5FJ

Bournemouth Office:
6a Wolverton Road, Bournemouth
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OLDMUTUAL WEALTH

TRANSFER-OUT DISCHARGE FORM
FOR USE WITH THE COLLECTIVE RETIREMENT ACCOUNT (CRA)

FORM PURPOSE

This form can be used in respect of a CRA to arrange:

- A transfer-out to an eligible Receiving Scheme.
- A transfer to an eligible Receiving Scheme following a Pension Sharing Order.

If you wish to purchase an annuity, please complete the Benefit Crystallisation Event Request - applying for an annuity with another provider form.

Important notes for completion

- Please complete part A or part B, as appropriate.
- Part A of the form must only be completed by the accountholder for a transfer out.
- Part B should only be completed by the former spouse/civil partner* of the accountholder following a Pension Sharing Order.
- Part C of the form must be passed to the Receiving Scheme to complete.
- Please use BLOCK CAPITALS only and blue or black ink.
- Please ensure all applicable sections of the form are completed clearly as missing or unclear information will result in a delay in processing or the return of this form.
- A separate form should be completed for each account held.
- This form must be signed as appropriate and sent to the address below:

Old Mutual Wealth, Old Mutual House, Portland Terrace, Southampton SO14 7AY

*As defined by the Civil Partnership Act 2004.

A PERSONAL DETAILS

PART 1

Title: ☑ Mr ○ Mrs ○ Miss ○ Other ▶ please specify

Surname: ORR

First name: CHRISTOPHER

Middle initial(s): G

Address: FLAT 2, 43 SEARLES ROAD, LONDON

Postcode: SE1 4YL

Date of birth ▶ dd mm yyyy: 09/03/1972

National Insurance number: NY 25 12 44 B

Please enter your client reference number, if known: 2-107459880

Please enter your Collective Retirement Account number: 400089769

Please select one of the following:

I instruct you to transfer:

All of my Collective Retirement Account	✓

or

All of my uncrystallised funds	
A specified amount of my uncrystallised funds equal to	£

PART 2 – DISCHARGE AND DECLARATION

I hereby request that Old Mutual Wealth Life & Pensions Limited release the value of investments held under my CRA specified in Part A section 1 and make payment of the value as an authorised pension transfer to the scheme detailed in Part C section 1.

I confirm that I am the accountholder.

I understand that payment of a pension transfer amount can only be made where the receiving scheme is eligible to receive a pension transfer payment under HM Revenue & Customs rules.

I understand that the payment will not take place until Old Mutual Wealth Life & Pensions Limited receives satisfactory assurances from the Receiving Scheme that it is eligible to receive a pension transfer payment under HM Revenue & Customs rules.

I accept that on full transfers, where applicable, the outstanding Phased Initial Charge will be deducted from the value of the Account and retained by Old Mutual Wealth Life & Pensions Limited. The amount paid as a pension transfer payment will be net of any outstanding phased initial charge.

I declare that payment by Old Mutual Wealth Life & Pensions Limited of the full transfer value shall constitute a full discharge of their obligation to make further payments in respect of the transferred pension funds.

I understand that for partial transfers of uncrystallised funds a minimum amount of uncrystallised funds must be left in the CRA after the payment to the Receiving Scheme.

I understand that I can only transfer the full crystallised funds if the Account only contains crystallised funds.

Signature of Accountholder

Date ▶ dd mm yyyy 14 / 10 / 2014

PART 3 – FURTHER COMMENTS

B PENSION SHARING ORDER (TRANSFER OF PENSION CREDIT REQUEST)

This section should be completed by the former spouse/civil partner* to arrange a transfer that has arisen following a Pension Sharing Order.

Member's name

Collective Retirement Account number

PART 1 – FORMER SPOUSE/CIVIL PARTNER* DETAILS

Title

○ Mr ○ Mrs ○ Miss ○ Other ▶ please specify

Surname

First name

Middle initial(s)

Address

Postcode

Date of birth ▶ dd mm yyyy / /

National Insurance number

Please enclose the Pension Sharing Order and the decree absolute together with the application form for the receiving scheme stated in Part C section 1.

Declaration

I hereby request Old Mutual Wealth Life & Pensions Limited to transfer the value of the funds entitled to me from the above mentioned Account to the receiving scheme detailed in Part C section 1. I understand that the Transfer Payment will be made direct to the Receiving Scheme.

Signature of former spouse/civil partner*

Date ▶ dd mm yyyy / / 20

*As defined by the Civil Partnership Act 2004.

C RECEIVING SCHEME DECLARATION

Part C of the form should be completed by the scheme's trustees or an authorised signatory of the Receiving Scheme. The form should then be returned to Old Mutual Wealth together with the completed Part A or B.

On receipt of the form, and all our requirements, payment will be dispatched direct to the Receiving Scheme together with details of the transfer.

A copy of the Receiving Scheme's Pension Scheme Registration document should be submitted with the form.

PART 1 – RECEIVING SCHEME DETAILS

Receiving Scheme name

Pension Scheme Tax Registration number (PSTR) ▶ *please enclose a copy of your Registration document*

R

Trustee/Scheme Administrator's name

Address

Postcode

Account reference number

Is the Receiving Scheme a Registered Pension Scheme under Section 2, Part IV, Finance Act 2004, or a Qualifying Recognised Overseas Pension Scheme and willing and authorised to accept pension transfers?

○ Yes ○ No

PART 2 – PAYMENT DETAILS

Full details of the funds being transferred will be supplied with payment. Please advise if you require any specific information. Payment of the transfer value will be made by electronic transfer unless you specify that you would prefer to receive a cheque. Please supply your bank account details.

Bank name

Account name

Address

Postcode

Sort code

- -

Account number

Reference number

Would you prefer to receive a cheque?

○ Yes ○ No

Cheque should be made payable to

PART 3 – RECEIVING SCHEME DECLARATION

We confirm that the information supplied is true and correct.

We confirm that we are the authorised trustees of the scheme or are the authorised administrators of the Receiving Scheme.

We confirm that the signatory/signatories below is/are authorised to represent the Receiving Scheme in these matters.

We authorise HM Revenue & Customs and The Pensions Regulator to provide information about the Receiving Scheme to Old Mutual Wealth Life & Pensions Limited

Signature

Date ▶ dd mm yyyy
☐☐ / ☐☐ / 2 0 ☐☐

Position

Print name

Signature

Date ▶ dd mm yyyy
☐☐ / ☐☐ / 2 0 ☐☐

Position

Print name

PART 4 – FURTHER COMMENTS

Old Mutual Wealth
Old Mutual House
Portland Terrace
Southampton
SO14 7AY

PDF5200/213-4216R/October 2013

Planholder: MRS ZEYNEP AYHAN.
National Insurance number: SC 97 97 55 D

Plan number: 09376965
Date of birth: 27/05/1971.

Part 1 – Receiving scheme payment details

To be completed by the receiving scheme trustees or administrator

Receiving scheme details

Name of receiving scheme/provider: FENWICK SOLICITORS THE MILL CPE EXECUTIVE PENSION SCHEME
Our reference: (to be used on all correspondence and payments) TB/MCPE/01/01
Please confirm either: Direct credit (preferred) or cheque details
Direct Credit details *(if appropriate)* **Sort Code:** **Account number:** **Account payee name:**
Cheque details *(if appropriate)* **Cheque made payable to:** **Address:** **Reference to be included: (ie plan number or member/planholder name)**

Part 2 – Pension transfer confirmation
(Please do not complete if an open market option is required)

1. We undertake that the receiving scheme is: (please tick one only)

- ☐ a registered defined benefit occupational pension scheme
- ☐ a registered defined occupational pension scheme
- ☐ an individual pension plan
- ☐ an unsecured pension plan

2. Receiving scheme registration number .....

Settlement requirement - Please provide a copy of your HM Revenue & Customs registration certificate which shows the Pension Scheme Tax Reference.

* Delete as appropriate

Receiving scheme declaration

(a) We declare that the information given above and overleaf is true and complete

(b) We confirm that the transfer value will be applied to provide relevant pension benefits that are consistent with the requirements of the Finance Act 2004

(c) Where the transfer comes from an unsecured pension plan, we confirm that the transfer will be applied accordingly to provide income withdrawals

Signature: .....

Company name: .....

Position: .....

Date: .....

Part 3 – AEGON transfer instruction

Plan number(s):	09376965
Name:	Mrs ZEYNEP AYHAN.
Transfer value:	£25,933.13 (full value to be transferred)
Date of quote:	06/03/14.

The transfer value is not guaranteed. The actual transfer value may vary from this quotation as the value of your investment could fall as well as rise before the transfer is completed. We'll calculate the actual transfer value after we conclude our checks to make sure that we can send the transfer payment to the receiving scheme and are in receipt of the necessary, completed documents.

Before making any transfers, we are obliged to carry out these checks. This could result in a delay or the transfer request being declined.

Please complete the appropriate sections below.

To be completed by the planholder

I wish to transfer my benefits as follows:

Receiving scheme/insurer .....FENWICK SOLICITORS.....

1. **I agree that the actual value settled may be different from that quoted above due to fluctuations in my chosen investment fund, which could fall as well as rise.**
2. **I agree that payment of the transfer value will be a full discharge of AEGON's liability under all the plans shown above.**

Signature: ..... Date 15.9.2014