



SOLICITORS AND COMMISSIONERS FOR OATHS

Private and Confidential

Pension Practitioner .Com Daws House 33-35 Daws Lane London NW74SD

Your Ref:

GM/BD/A-Team

Our Ref:

MIL/01/02

Date:

13 November 2014

Head Office:

34 Lipson Road

Plymouth PL48PW

Tel Number:

01752 250 821

Fax Number:

0844 807 3015 Email Address: tony@fenwick.org.uk

Website:

www.fenwick.org.uk

Dear Sirs

THE MILL CPE EXECUTIVE PENSION SCHEME

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

Yours Faithfully

wick Solicitors



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





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 Schame 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 accounthalder 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, Partland Terrace, Southampton SO14 7AY

*As defined by the Civil Partnership Act 2004.

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PART I										
Title Mr Mrs Miss O Surrigina	Other > please specify				1 I	T1	1 · · · · · · · · · · · · · · · · · · ·		T	
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Plaaso enter your client reference number, if known 2-1,0,7,4,5,9,8,8,0				o o						er
Please select one of the following: I instruct you to transfer:									-4	
All of my Collective Retirement Account		······································	7							
OF .			_							
All of my uncrystallised funds			7							
A specified amount of my uncrystallized funds equal to	£	}—-η·—-η· Ι Ι Ι								

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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,

*As defined by the Civil Partnership Act 2004.

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 an full transfers, where applicable, the autstanding 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 not 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 Accountage Date v dd mm yyyy 1 4 / 1 0 / 20 / 4 PART 3 - FURTHER COMMENTS 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 O Mr Miss
 Mis Other > please specify Mrs
 Mrs Sumame Middle initial(s) First name National Insurance number Date of birth > dd ma Please anclose 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 Wedith Life & Pensions Limited to transfer the value of the funds entitled to me from the above mentioned Account to the receiving scheme detailed in Fart C section 1. I understand that the Transfer Payment will be made direct to the Receiving Scheme. Signature of former spouse/civil partner ► dd mm yyyy / 20

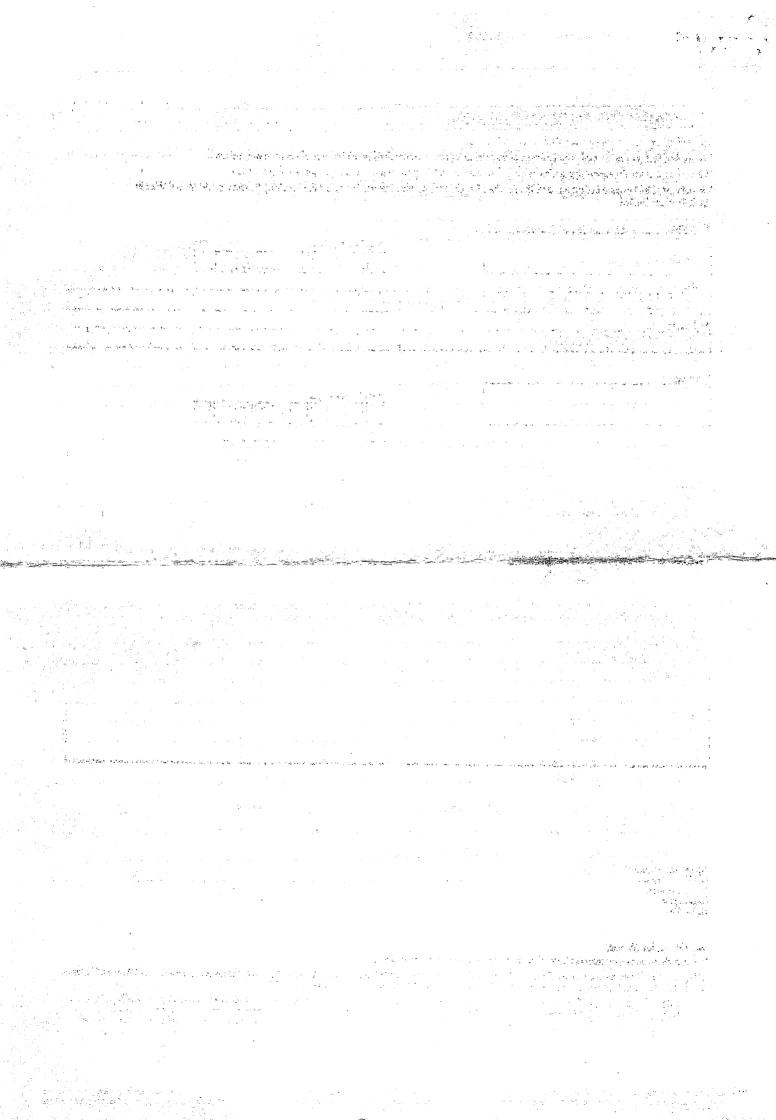
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Part C of the form should be completed by the scheme's trustees or an authorised signatory of the Receiving Scheme. The form should then be returned to Old Mutual Wealth together with the completed Part A or B.

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.

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

www.aldmutualwealth.co.uk

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Old Mutual Wealth is the trading name of Old Mutual Wealth Limited which provides an Individual Savings Account (ISA) and Collective Investment Account (CIA) and Old Mutual Wealth Life & Pensions Umited which provides a Collective Retirement Account (CRA) and Collective Investment Bond (CIB).

Old Mutual Wealth Limited and Old Mutual Wealth Life & Pensions Limited are registered in England and Welas under numbers 1680071 and 4168431 respectively. Registered Office of Old Mutual House, Parlland Terraces, Southampton SO14 7EI, United Kingdom, Old Mutual Wealth Limited is authorised and regulated by the Financial Conduct Authority. Old Mutual Wealth Life & Pensions Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Their Financial Services register numbers are 165359 and 207977 respectively. VAT number 386 1301 59.

When printed by Old Mutual Wealth this item is produced on a mixed grade material, which uses a combination of recycled wood or paper fibre from controlled sources and virgin fibre sourced from well managed, sustainable forests.

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Planholder: Mes ZEYNEP AYHAN.

National Insurance

number: SC 97 97 SS 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 Soucitors
THE MULL CPE EXECUTIVE PENSION SCHEME
Our reference: (to be used on all correspondence and payments)
TB MCPE OI OI
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	e 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.	Re	ceiving scheme registration number
		ent requirement - Please provide a copy of your HM Revenue & registration certificate which shows the Pension Scheme Tax Reference.
* De	elete	as appropriate
Rec	eivir	g 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
Sign	ature	9:
Com	pany	name:
Posi	tion:	
Date	e:	

Part 3 - AEGON transfer instruction

Plan number(s):	09376965
Name:	Mrs ZEYNER AYHAM
Transfer value:	225,933.13 (full value to be transfered)
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:

 I agree that the actual value settled may be different from that quoted above due to fluctuations in my chosen investment fund,

Receiving scheme/insurer FEN WICK Solicitos

which could fall as well as rise.
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

