



ST. JAMES'S PLACE

WEALTH MANAGEMENT

Administration Centre PO Box 9034

Chelmsford CM99 2XA

Telephone: 0800 027 1030 www.sjp.co.uk

Our Ref: SJP/Retirals/JG

TM SSAS

C/O Registered Scheme Administrator

48 Chorley New Road

Bolton

BL1 4AP

24 May 2018

Dear Sir/madam

Retirement Plans 39B60X23 46D08X99 Mrs Kay Moloney

Thank you for sending us some of the completed documentation for transferring Benefits under the above plans to the Registered Scheme Administrator.

If the transfer is to proceed we require the enclosed transfer value information form, Which should be completed by the scheme administrators who will receive the transfer payment?

We look forward to receiving this.

If you have any questions please contact the administration Centre on 08000 271030 and we will be happy to help

Yours sincerely

Mike Karn

Divisional Director Client Services

Enc: TVIF



ST. JAMES'S PLACE
Receiving Scheme/Policy Declaration
(TRANSFER VALUE INFORMATION FORM)

| | | |
|------------------|--------------------------|---|
| Please tick one | ✓ | |
| Pension transfer | <input type="checkbox"/> | To be completed by the receiving scheme trustees or administrator |

| | | |
|--------------------|--------------------------|---|
| Open market option | <input type="checkbox"/> | To be completed by the annuity provider |
|--------------------|--------------------------|---|

| | |
|---|--|
| Name of transferring scheme/arrangement: | |
| Policy/Reference Number: | |
| Member's Name: | |
| National Insurance Number: | |
| Member's date of birth: | |
| The transferring scheme is a UK Registered Pension Scheme | |

| | |
|---|--|
| Name of receiving scheme and provider: | |
| Reference(to be used on correspondence and payments): | |
| HMRC reference number: | |
| Date of scheme registration: | |
| If the Scheme has been registered within the last 24 months a copy of your HMRC approval letter must be provided | |
| Payment details | |
| Cheque made payable to: | |
| Address: | |
| Reference to be included with payment (e.g. client name/policy number): | |

| | |
|---|--------------------------|
| PENSION TRANSFER (please do not complete for open market option) | |
| 1. We undertake that the receiving scheme is: | |
| | Please tick one ✓ |
| A. Registered Defined Benefit Occupational Pension Scheme | <input type="checkbox"/> |
| B. Registered Defined Contribution Occupational Pension Scheme | <input type="checkbox"/> |
| C. Individual Personal Pension Scheme | <input type="checkbox"/> |
| D. (i) Qualifying Recognised Overseas Pension Scheme (QROPS) | <input type="checkbox"/> |
| D. (ii) Country under the law of which the scheme is established and regulated: | |

| |
|---|
| OPEN MARKET OPTION |
| We confirm that the member's fund will be used to secure a non-assignable, non-commutable annuity. |
| 1. We are/are not* able to accept business from a non UK scheme. |
| Please note that no pension commencement lump sum will be provided on receipt of the member's fund. |
| Address for correspondence: |
| |
| |

| | |
|---|--|
| DECLARATION | |
| ✓ | Please tick and complete appropriate section |
| <input type="checkbox"/> | Receiving Scheme Declaration (for pension transfer) |
| <input type="checkbox"/> | a) We declare that the information given above and overleaf is true and correct. |
| <input type="checkbox"/> | b) We confirm that the transfer value will be applied to provide relevant pension benefits that are consistent with HMRC conditions of approval. |
| <input type="checkbox"/> | c) We confirm that the transfer payment will be applied to an arrangement which satisfies the requirements of Sections 169(1D) and (1E) of Finance Act 2004 and SI2006/499 (as amended) |
| <input type="checkbox"/> | d) If a non UK scheme, we: <ul style="list-style-type: none"> - are registered as a QROPS have not been excluded from being a QROPS. - give our authority for HMRC to give information to you about our QROPS status, and; - confirm that the legislation of the country in which our scheme is established allows us to accept a transfer from a UK Approved pension scheme. |
| <input type="checkbox"/> | Annuity Provider's Declaration (for open market option) |
| Where the fund originates from a trustee based pension scheme, the grantee of the policy will be the trustees of the purchasing scheme unless otherwise instructed. | |
| Signature: | |
| Company name: | |
| Position: | |
| Date: | |