



Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com www.pensionpractitioner.com

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

By First Class Recorded Delivery

22 July 2016

Dear Sirs,

Name: Mr. Michael Strafford
National Insurance Number: WL371710A
Date of Birth: 29-Jul-1961
Client Ref No.: 1-187254064

Please find enclosed an application to transfer benefits to a registered pension scheme for our mutual client.

I also enclose the following items which also meet the current industry initiative on external pension transfers to authorised registered schemes.

- 1..The Current Scheme Details.
2. The signed and completed Discharge and Warranty Forms.

The PSTR is: 00403721RQ – The scheme was registered with HMRC prior to 05 April 2006 and therefore there is no Tax Registration letter.

These items fulfil the most current codes of practice also recommended by the Pensions Regulator and as such would you please settle this transfer payment.

The transfer payment should be made by BACS to the following account details:-

Name of Bank: Royal Bank of Scotland
Account Name: Trustees of The Northern Bus Retirement Benefit Scheme
Account Number: 10120932
Sort Code: 16-00-08
Client Ref No.: 1-187254064

If you require any further documentation to be completed in order that the transfer can be concluded, please advise me accordingly.

Thank you in advance of your assistance.

Yours faithfully

Emily McAlister
For Pension Practitioner. Com
Enc.

Roundwood House
30C Worksop Road
Thorpe Salvin
Worksop
Nottinghamshire
S80 3JU

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

05 July 2016

Dear Sirs

RE: Old Mutual CRA Transfer

Please accept this as my authority to transfer my CRA (400018249) with Old Mutual to my Northern Bus Retirement scheme SSAS I have with yourselves.

I have enclosed the appropriate forms to enable you to complete this request.

If you have any queries, please don't hesitate to contact me.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Stratford', with a large circular flourish at the beginning.

Michael Stratford



OLD MUTUAL
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

- When completing this form you should check the current valuation of the CRA. The valuation will show any deductions we may need to make from the account before we complete the transfer.
- We can only transfer the value of the CRA to the new provider as cash.
- If the CRA is currently in 'capped' or 'flexible' drawdown, and you are receiving income, we may need to delay the transfer until we've completed the final income payment.
- If your address has changed within the last 12 months, we will need proof of the new address. Examples of acceptable documents include recent, original utility bills such as electricity, gas, water or telephone bills (landline only, not mobile)
- If there is an active pension sharing order in place then we will not be able to complete the transfer until the pension share has been completed.

COMPLETING THIS FORM

- Please complete Section A or B, as appropriate.
- Section A of the form must only be completed by the account holder for a transfer-out.
- Section B should only be completed by the former spouse/civil partner* of the account holder following a Pension Sharing Order.
- Section 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 **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		<input checked="" type="radio"/> Mr		<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Other ▶ please specify	
Surname							
S t r a f f o r d							
First name							Middle initial(s)
M i c h a e l A l a n							
Address							
R o u n d w o o d H o u s e , 3 0 c W o r k s o p							
R o a d , T h o r p e S a l v i n , W o r k s o p							
N o t t i n g h a m s h i r e							
Postcode						S 8 0 3 J U	
Date of birth ▶ dd mm yyyy				National Insurance number			
2 9 / 0 7 / 1 9 6 1				W L 3 7 1 7 1 0 A			
Enter your client reference number, if known				Enter your Collective Retirement Account number			
1 1 8 7 2 5 4 0 6 4				4 0 0 0 1 8 2 4 9			

Tick/Complete ONE of the following to indicate what you wish to transfer:

All of my CRA



OR

All of the uncrystallised funds in my CRA



OR

The following amount from uncrystallised funds in my CRA

£

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 Section A Part 1 and make payment of the value as an authorised pension transfer to the scheme detailed in Section C Part 1.

I confirm that I am the account holder.

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 its 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 £1,000 (plus 1.5 times any outstanding Phased Initial Charge) must be left in uncrystallised funds 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 Account holder



Date ► dd mm yyyy

05 / 07 / 2016

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

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 Section C Part 1.

Declaration

I hereby request Old Mutual Wealth Life & Pensions Limited to transfer the value of funds to which I am entitled from mentioned Account to the receiving scheme detailed in Section C Part 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

*As defined by the Civil Partnership Act 2004.

C RECEIVING SCHEME DECLARATION

Section 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 Section A or B.

On receipt of the form, and all our requirements, payment will be despatched 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

N o r t h e r n B u s R B S

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

00403721RQ

Trustee/Scheme Administrator's name

P e n s i o n P r a c t i t i o n e r

Address

D A W S H o u s e , 3 3 - 3 5 D a w s L a n e ,
L o n d o n

Postcode N W 7 4 S D

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

R O Y A L B A N K O F S C O T L A N D

Account name

T R U S T E E S O F T H E N O R T H E R N B U S R E T I R E M -
- E N T B E N E F I T S C H E M E

Address

S H E F F I E L D C H U R C H S T B R A N C H 5,
C H U R C H S T
S H E F F I E L D

Postcode S 1 1 H F

Sort code

1 6 - 0 0 - 0 8

Account number

1 0 1 2 0 9 3 2

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

Emily McAlister

Date ► dd mm yyyy

22 / 07 / 2016

Position

ADMINISTRATOR

Print name

EMILY MCALISTER

Signature

Date ► dd mm yyyy

/ / 20

Position

Print name



PART 4 – FURTHER COMMENTS

Old Mutual Wealth

Old Mutual House
Portland Terrace
Southampton
SO14 7AY

www.oldmutualwealth.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 Limited 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 Wales under numbers 1680071 and 4163431 respectively. Registered Office at Old Mutual House, Portland Terrace, Southampton SO14 7EJ, 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.

PDF5200/214-1386/December 2014