



CLERICAL MEDICAL

Castlewood, Tickenham Road
Clevedon BS21 6BD

Tel 0845 606 2266
Fax 08457 882223

Your ref
Our ref PPCLTVAL/EGLC/Regional/R

Wealth Masters Financial Mgmt
Atlantic House
Charnwood Park
Bridgend
Mid Glamorgan
CF31 3PL

29 January 2015

Dear Rachel Bevan

Individual Pension Plan: IPP/ 5240658G
Client : Sally Milliner

Thank you for letting us know that Sally Milliner is considering transferring her pension fund to another pension provider.

The transfer value of the policy, as at 29 January 2015, is £26,508.77 calculated as follows:

Source of investment	Single Premiums	Former Protected Rights
Fund Value	£1,695.89	£24,812.88
Transfer Value	£1,695.89	£24,812.88

We hope this pension fund remains with us. If Sally Milliner does decide to transfer, please contact us on the above number and we will arrange to issue an up to date transfer value, full transfer information and discharge forms.

If you or Sally Milliner would like any more information about the benefits of this plan before making a final decision, please contact Customer Services on 0845 606 2266.

Yours sincerely

R Blamey

R Blamey
Customer Services



CLERICAL MEDICAL

Castlewood, Tickenham Road
Clevedon BS21 6BD

Tel 0845 606 2266
Fax 08457 882223

Your ref
Our ref PPCLMAIN/EGLC/Regional/R

—
—
—
Wealth Masters Financial Mgmt
Atlantic House
Charnwood Park
Bridgend
Mid Glamorgan
CF31 3PL

29 January 2015

Dear Rachel Bevan

Individual Pension Plan : IPP/ 5240658G
Client : Sally Milliner

Thank you for your recent enquiry.

We have pleasure in enclosing the following document(s) :

- a Current Transfer Value.
- a Current Unit Statement.

If you require any further information, please contact Customer Services on 0845 606 2266.

Yours sincerely

R Blamey

R Blamey
Customer Services



CLERICAL MEDICAL

Page 2 of 2


In order for the monies to be paid to your chosen provider we require confirmation from them that they are able to accept the funds.

Receiving Scheme/Provider - To be completed and signed by you

Provider name and address	
Contact Name	
Please confirm the Pension Scheme Tax Reference (PSTR)	
Type of arrangement	
Reference/Policy Number	

Payment Details - To be completed and signed by new provider

To make payment by BACS. Please confirm the following :-	
Sort Code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>

DECLARATION	
We declare that the information provided is true and complete to the best of our knowledge and belief.	
We acknowledge that the transfer payment cannot be made to a broker or third party and the payment details contained relate to a registered pension scheme.	
Signed 	Date <u>29/01/16</u>
On behalf of the Managers/Insurers of the receiving arrangement	



CLERICAL MEDICAL

Page 1 of 2

To: Clerical Medical Investment Group

FORM OF AUTHORITY AND DISCHARGE

Client : Sally Milliner

Plan Number : IPP / 5240658G

I authorise you to surrender the policy with immediate effect and to apply the proceeds as instructed below.


The Transfer Value is £26,508.77, as at 29 January 2015.

I understand that the actual amount of the transfer value payable will include a Market Value Reduction (if any), and will be calculated using the appropriate bid prices when Clerical Medical receives the completed form of authority and discharge.

I agree that such payment shall be in full satisfaction and discharge of all claims and demands on Clerical Medical in respect of the Individual Pension Plan which shall hereby be cancelled.

I undertake that the transfer value will be applied to a UK registered pension arrangement.

Signed


Sally Milliner

Dated

