



Wednesday, 31 August 2016

**PRIVATE & CONFIDENTIAL**

Brad Davis  
Pension Practitioner  
Daws House, 33-35 Daws Lane  
LONDON  
NW7 4SD

**RE: FLUTTERBYE TRANSFER REQUEST – SALLY MILLINER**

Dear Brad

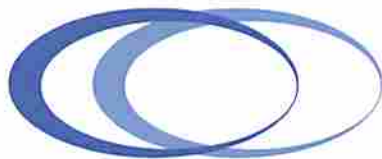
Following the change of administrator since our original transfer request, please find attached pension pack in relation to Mobius Life. Please complete missing info and forward in it's entirety to Mobius for processing.

Should you have any queries or require any additional information please do not hesitate to contact me.

Yours sincerely

Adrian Shakespeare Dip PFS, Cert's CII (MP & ER)  
**Managing Director**

Enc



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PLEASE COMPLETE THE MISSING INFORMATION ON THE DISCHARGE FORM  
THEN ADD TO THE SUPPLIED TRANSFER PAGE AND  
*with compliments* POST RECORDS DELIVERY TO MOBROS PLEASE

Stratford Collins Limited, PO Box 71, Vale of Glamorgan, CF71 9BB

Tel: 07770 750994 E-mail: [info@stratfordcollins.co.uk](mailto:info@stratfordcollins.co.uk)

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RECORDS  
ADDRESS

# **NEW DISCHARGE REQUEST**

## Discharge Form – continued

Miss Sally Milliner - A/000003458

### C. Declaration

I, Sally Milliner authorise the transfer of my benefits held within Eversheds Personal Pension Plan to the receiving scheme detailed in this form.

I confirm that no person or company has a charge or deposit against these benefits and that no official Assignee or Trustee holds any interest in this Account for creditors.

I agree that payment by the scheme of the benefits from this Account from this request is in full and final discharge of all my claims (and anyone else's entitlement, such as my beneficiaries' or dependents) under the Scheme.

I confirm that the details on this form are true and complete to the best of my knowledge. I understand it is a serious offence to make a false statement and to do so may result in a financial penalty or prosecution.


I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information carelessly or deliberately given by me, or on my behalf, either on this form or with respect to benefits from this Account.

I will inform you immediately if any of the details provided on this form change between signing this form and the transfer being actually paid from this pension scheme.

I understand that the transfer payment will be re-calculated prior to payment and that it may be higher or lower than the amount shown above.

I acknowledge and agree that a copy of this request and discharge shall be binding as though it were the original.

Signed by Miss Milliner:



Daytime contact details:

07776 181121

E-mail address:

smilliner@camborne capital  
'co. uk'

Date:

22/8/16

# Eversheds Personal Pension Plan Information Form

This form should be submitted to the receiving scheme.

## A. Member Information & Account Value

Full Name	Miss Sally Milliner
Account Number	A/000003458
Date of Birth	01/05/1963
National Insurance Number	NA724226A
<b>Total Transfer Value as at 19th May 2016:</b>	<b>£24,381.44</b>
Amount representing protected rights:	£0.00

Please note, these values are not guaranteed. They can go up or down and will depend on the value of the units at disinvestment date.

## B. Transferring Scheme Information

Full name of transferring scheme:	Eversheds Personal Pension Plan
Plan Number:	A000076A
Type of pension scheme:	Group Personal Pension Plan
ASCON (if applicable):	A7001257w
SCON (if applicable):	N/a
Helpline Number:	01733 353 428
Registration Details:	The Investment Solutions Ltd Group Pension Plan is a registered pension scheme under Chapter 2 Part 4 of the Finance Act 2004. The Scheme Registration no. is 00605748RM and the ASCN is A7001257W.
Percentage of LTA used:	0.00%

This scheme is, or is deemed to be, a registered pension scheme in accordance with Part 4 of the Finance Act 2004.

## Receiving Scheme Details Form

This form should be completed by the receiving scheme to confirm the scheme is willing and able to accept the transfer out.

### A. Member Information & Account Value

Full Name	Miss Sally Milliner
Account Number	A/000003458
Date of Birth	01/05/1963
National Insurance Number	NA724226A
<b>Total</b> Transfer Value as at 19th May 2016:	£24,381.44
Amount representing protected rights:	£0.00

Please note, these values are not guaranteed. They can go up or down and will depend on the value of the units at disinvestment date.

### B. Receiving Scheme Information

Full name of the scheme:	
Full name and address of the scheme administrators:	
Telephone number/e-mail:	
Reference:	
Type of scheme:	
Registration Number (PSTR):	
Contracted-out Reference number (if applicable):	

*Continued overleaf....*



## Transfer - Receiving Scheme Details Form – continued

Miss Sally Milliner - A/000003458

Are you in a position to accept payment:

Are you able to accept Protected Rights benefits:

Name of your bank or building society:

Address of your bank or building society:

Sort code:

6 Numbers

Account Number:

8 Numbers

Building society roll number:

Name of the account holder(s):

### C. Declaration

The transfer payment will be used to provide relevant benefits in a UK registered pension scheme in accordance with Part of the Finance Act 2004.

Where the transfer payment includes Protected Rights benefits that part of the payment will be used to provide appropriate contracted out benefits for the member and their dependents or beneficiaries, if applicable

Signature of authorised representative:

Name & position:

E-mail address & contact No.:

Date: