

Thursday, 12 May 2016

PRIVATE & CONFIDENTIAL

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

RE: FLUTTERBYE SCHEME DOCUMENTS

Dear Brad

Further to our recent discussions please find enclosed the updated discharge documents for the above scheme:-

- STANDARD LIFE
- MOBIUS LIFE
- AEGON

Please organise to complete documents and issue to provider at your earliest convenience. Should you have any queries or require any additional information please don't hesitate to contact me.

Yours sincerely



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

Enc

Transfer Out Section
Standard Life Pension Servicing
1 Baileyfield Crescent
Edinburgh
EH15 1ET

Miss Sally Milliner
4 Rectory Close
Wenvoe
CARDIFF
CF5 6AQ

By First Class Recorded Delivery

Thursday, 21 April 2016

Dear Sirs,

Re: Transfer to Flutterbye Enterprise Executive Pension

Member: Miss. Sally Milliner Date of birth: 01/05/1963
National Insurance Number: NA724226A
Plan Number: D2039540000

Please accept this letter as my authority that I wish to proceed with the transfer of the above policy to Flutterbye Enterprise Executive Pension. Please arrange for all my funds to be disinvested with immediate effect. Once completed please arrange transfer of the funds via BACS as already advised by the Scheme Pension Practitioner.com.

Thank you for your assistance.

Yours faithfully



Sally Milliner

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
Total Transfer Value as at 22nd November 2013:	£22,872.84
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
Total Transfer Value as at 22nd November 2013:	£22,872.84
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:	<input type="text"/>
Are you able to accept Protected Rights benefits:	<input type="text"/>
Name of your bank or building society:	<input type="text"/>
Address of your bank or building society:	<input type="text"/>
Sort code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 Numbers
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"/> 8 Numbers
Building society roll number:	<input type="text"/>
Name of the account holder(s):	<input type="text"/>

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:	<input type="text"/>
Name & position:	<input type="text"/>
E-mail address & contact No.:	<input type="text"/>
Date:	<input type="text"/>

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@cambornecapital.co.uk.

Date:

10/5/16.

Discharge Form

This form should be completed by Miss Milliner if the benefits are to be transferred to another registered pension scheme.

A. Member Information

Full Name

Miss Sally Milliner

Account Number

A/000003458

Date of Birth

01/05/1963

National Insurance Number

NA724226A

B. Details of the Pension Scheme you are transferring to

Full name of the scheme:

Full name and address of the scheme administrators:

Telephone number/e-mail of the scheme administrators:

Pension reference:

Please proceed to Section C



For customers and scheme trustees

Request to transfer to another provider

Please read these notes before filling in this form.

About this form

This form is for transferring your pension fund with Aegon to another provider (the receiving scheme).

Before completing this form please check to see if the receiving scheme uses the Option Transfer Service by visiting www.origoservices.com/OurServices/OptionsTransfers/Options_Transfers_Customers.aspx

If the receiving scheme does use the Option Transfer Service, contact them directly to issue you with the forms you need to complete, instead of using this one.

Completing this form

This form is split into three parts. The part you complete will depend on the plan you have with us.

Part A – Transfer instruction (non-occupational pension schemes)

Complete Part A if you have a:

- Personal Pension plan, Group Personal Pension plan or Group Self-invested Personal Pension plan
- Stakeholder Pension plan or a Group Stakeholder Pension plan
- Flexible Pension Plan
- Retirement Control plan
- Reflex Personal Pension plan
- Reflex Control Pension plan
- Retirement annuity plan
- a Section 32 Buyout plan or a Trustee proposed Section 32 Buyout plan

Then send the form to the receiving scheme.

Part B – Transfer instruction (occupational pension schemes)

Complete Part B if you are a scheme trustee of:

- an Executive Pension plan
- a Small Self-administered scheme
- an Exsel Group scheme
- a Nexus scheme
- a SEL scheme
- an Exsel scheme
- an Exselfund scheme

Then send the form to the receiving scheme.

Part C – The receiving scheme completes Part C and return the completed form to Aegon, Freepost EH12 18, Edinburgh EH12 0BR

Additional information

- Please complete this form in BLOCK CAPITALS and ballpoint pen.
- We explain terms shown in **bold** in the definitions section in Part D.

Part A – Transfer instruction (non-occupational pension schemes)

1. Personal details

Title

Mr / Mrs / Miss / Ms / Other – please specify

Date of birth (dd/mm/yyyy)

01/05/1963

Full forename(s)

SALLY.

National Insurance number

N A 7 2 4 2 2 6 A

Surname

MILLINER

Plan number (the 'plan')

9658361

2. Transfer details

I want you to pay the transfer value of my plan to:

Receiving insurer name

FLUTTERBYE ENTERPRISE EXEC PENSION

Reference

FLUTTERBYE ENTERPRISE

Address

PENSION PRACTITIONER.COM

DANS HOUSE

33-35 DANS LANE

LONDON Postcode NW7 4SD

If the receiving scheme is a qualifying recognised overseas pensions scheme, we'll provide you with an additional form to complete.

3. Declaration


In this declaration 'I' means the individual named in Section 1 and 'you' means Aegon (a brand name of Scottish Equitable plc).

Date (dd/mm/yyyy)

10/5/2016

- 3.1 I request that you pay the transfer value of the plan to the receiving scheme.
- 3.2 I confirm that this payment represents a full discharge of your liabilities under the plan.
- 3.3 I've been made aware of my pension options, tax implications and associated risks by Pension Wise, Aegon or an adviser.

Planholder signature

x  x

Part C – Receiving scheme declaration

7. Bank details

Please give details of where the transfer payment is to be made.

Name of bank

METRO BANK

Address

ONE SOUTHAMPTON ROW
LONDON
Postcode WC1B 5HA

Bank sort code

23-05-80

Account number

19825752

8. Declaration

In this declaration 'I/we' means the receiving scheme and 'you' means Aegon (a brand name of Scottish Equitable plc).

8.1 I/We confirm that the receiving scheme is:

A UK pension scheme registered by HM Revenue & Customs (HMRC) under Chapter 2 of Part 4 of the Finance Act 2004. The HMRC reference is:

And attach a copy of the HMRC scheme registration letter

A qualifying recognised overseas pension scheme. We enclose a copy of the acceptance letters from HMRC Audit and Pension Scheme Services confirming the receiving scheme is a qualifying registered overseas pension scheme.

8.2 I/We declare that the receiving scheme is prepared to accept the transfer payment and that it will be used to provide appropriate retirement benefits within the receiving arrangement. We confirm that the information given is accurate to the best of my/our knowledge and belief.

8.3 I/We declare that I/we have full power to give this declaration on behalf of the receiving scheme.

Date (dd/mm/yyyy)

10/6/2016

Signed for and on behalf of the receiving scheme

x [Signature] x

Position

MEMBER TRUSTEE

Part D – Definitions

Non-occupational pension scheme – is a contract-based pension scheme, such as a:

- Personal pension
- Group Personal pension
- Stakeholder pension
- Group Stakeholder pension
- Retirement annuity contract (section 226 contract)
- Section 32 buyout, or
- Trustee proposed section 32 buyout

Occupational pension scheme – is a trust based pension scheme, such as:

- an Executive Pension plan
- a Small self-administered scheme
- an Exsel Group scheme
- a Nexus scheme
- a SEL scheme
- an Exsel scheme
- an Exselfund scheme



Aegon is a brand name of Scottish Equitable plc. Scottish Equitable plc, registered office: Edinburgh Park, Edinburgh EH12 9SE. Registered in Scotland (No. 144517). Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 165548. An Aegon company. www.aegon.co.uk

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Our ref PPCLTVAL/EGKC/Regional/HMMiss S Milliner
4 Rectory Close
Wenvoe
Cardiff
CF 5 6AQ

27 April 2016

Dear Miss Milliner

Individual Pension Plan: IPP/ 5240658G

Thank you for letting us know that you are considering transferring your pension fund to another pension provider. We suggest that you receive independent financial advice before making any decision to transfer your policy.

The transfer value of the policy, as at 27 April 2016, is £26,949.32 calculated as follows:

Source of investment	Single Premiums	Former Protected Rights
Fund Value	£1,723.26	£25,226.06
Transfer Value	£1,723.26	£25,226.06

We hope you will keep your pension fund with us. If you do 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 would like any more information about the benefits of this plan before making a final decision, please contact Customer Services on 0845 606 2266 or, alternatively, your financial adviser.

Yours sincerely

*Hm Sergeant*Hm Sergeant
Customer Services

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	FLUTTERBY ENTERPRISE EXECUTIVE PENSIONS
	PENSION PRACTITIONER. COM, DANS HOUSE.
	33-35 DANS LANE, LONDON, NW7 4SD.
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 - -

Account Number

Account Name

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

On behalf of the Managers/Insurers of the receiving arrangement

To: Scottish Widows Limited

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 £26,949.32, as at 27 April 2016.

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 made by Clerical Medical shall be in settlement of the Individual Pension Plan and upon payment the Individual Pension Plan will then end.

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

Signed



Sally Milliner

Dated

10/6/2016