

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

Dear Sirs,

Re: Transfer to Flutterbye Enterprise Executive Pension

Member: Miss. Sally Milliner
Date of birth: 01 May 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 Administrator.

Thank you for your assistance.

Yours faithfully



Sally Milliner



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



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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

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
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On behalf of the Managers/Insurers of the receiving arrangement



CLERICAL MEDICAL

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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

**Planholder:
National Insurance
number:**

**Plan number:
Date of birth:**

Part 1 – Receiving scheme payment details

To be completed by the receiving scheme trustees or administrator

Receiving scheme details

Name of receiving scheme/provider:
Our reference: (to be used on all correspondence and payments)
Please confirm either: Direct credit (preferred) or cheque details
Direct Credit details (<i>if appropriate</i>) Sort Code: Account number: Account payee name:
Cheque details (<i>if appropriate</i>) Cheque made payable to: Address: Reference to be included: (ie plan number or member/planholder name)

Part 3 – AEGON transfer instruction

Plan number(s):	
Name:	
Transfer value:	
Date of quote:	

The transfer value is not guaranteed. The actual transfer value may vary from this quotation as the value of your investment could fall as well as rise before the transfer is completed. We'll calculate the actual transfer value after we conclude our checks to make sure that we can send the transfer payment to the receiving scheme and are in receipt of the necessary, completed documents.

Before making any transfers, we are obliged to carry out these checks. This could result in a delay or the transfer request being declined.

Please complete the appropriate sections below.

To be completed by the planholder

I wish to transfer my benefits as follows:

Receiving scheme/insurer

- 1. I agree that the actual value settled may be different from that quoted above due to fluctuations in my chosen investment fund, which could fall as well as rise.**
- 2. I agree that payment of the transfer value will be a full discharge of AEGON's liability under all the plans shown above.**

Signature: 

Date