

Your Ref :
Our Ref : SJP/T4/NH
Tel Ext : 79999
Date : 26th August 2014



ST. JAMES'S PLACE

WEALTH MANAGEMENT

Craigforth Administration Centre, PO Box 64
Lancing BN15 8GB Tel: 0800 027 1030

REQUEST TO TRANSFER TO A REGISTERED PENSION SCHEME

TO ST. JAMES'S PLACE UK plc

I, MRS ARIANE ISABELLE ALKIVIADES hereby request you to pay the sum shown in the schedule below representing the whole sum due on all plans mentioned therein by a crossed cheque payable as indicated below. I understand any tax free cash Protection from Pre 6th April 2006 rights will be lost on transfer, unless this is part of a Block Transfer, or Primary/Enhanced Protection applies.

Payment by you in accordance with this request shall be a full sufficient discharge of your liability under the said plans.

SCHEDULE

| PLAN NO | SUM PAYABLE |
|----------|-------------|
| 93C49G56 | £63781.00 |
| 93C49L97 | |
| 96C37K50 | |

Cheque to be made payable to

Address

.....

.....

(To be applied to a Registered Pension Scheme as defined in S150 of the Finance Act 2004).

Signed.....*Ariane Alkiviades*.....

The actual value will be based on prices on the date following receipt of all the required documentation (claim form, Transfer Value Information form/confirmation that the receiving scheme are suitable to receive the transfer) fully completed at the St. James's Place Administration Centre.



ST. JAMES'S PLACE
Receiving Scheme/Policy Declaration
(TRANSFER VALUE INFORMATION FORM)

| | | |
|------------------|--|---|
| Please tick one | <input checked="checked" type="checkbox"/> | |
| Pension transfer | <input type="checkbox"/> | To be completed by the receiving scheme trustees or administrator |

| | | |
|--------------------|--------------------------|---|
| Open market option | <input type="checkbox"/> | To be completed by the annuity provider |
|--------------------|--------------------------|---|

| | |
|---|--|
| Name of transferring scheme/arrangement: | |
| Policy/Reference Number: | |
| Member's Name: | |
| National Insurance Number: | |
| Member's date of birth: | |
| The transferring scheme is a UK Registered Pension Scheme | |

| | |
|---|--|
| Name of receiving scheme and provider: | |
| Reference(to be used on correspondence and payments): | |
| HMRC reference number: | |
| Date of scheme registration: | |
| If the Scheme has been registered within the last 12 months a copy of your HMRC approval letter must be provided | |
| Payment details | |
| Cheque made payable to: | |
| Address: | |
| Reference to be included with payment (e.g. client name/policy number): | |

| | |
|---|--------------------------|
| PENSION TRANSFER (please do not complete for open market option) | |
| 1. We undertake that the receiving scheme is: | |
| Please tick one ✓ | |
| A. Registered Defined Benefit Occupational Pension Scheme | <input type="checkbox"/> |
| B. Registered Defined Contribution Occupational Pension Scheme | <input type="checkbox"/> |
| C. Individual Personal Pension Scheme | <input type="checkbox"/> |
| D. (i) Qualifying Recognised Overseas Pension Scheme (QROPS) | <input type="checkbox"/> |
| D. (ii) Country under the law of which the scheme is established and regulated: | |

| |
|---|
| OPEN MARKET OPTION |
| We confirm that the member's fund will be used to secure a non-assignable, non-commutable annuity. |
| 1. We are/are not* able to accept business from a non UK scheme. |
| Please note that no pension commencement lump sum will be provided on receipt of the member's fund. |
| Address for correspondence: |
| |
| |

| | |
|-------------------------------------|---|
| DECLARATION | |
| <input checked="" type="checkbox"/> | Please tick and complete appropriate section |
| <input type="checkbox"/> | Receiving Scheme Declaration (for pension transfer) |
| <input type="checkbox"/> | a) We declare that the information given above and overleaf is true and correct. <input type="checkbox"/> |
| <input type="checkbox"/> | b) We confirm that the transfer value will be applied to provide relevant pension benefits that are consistent with HMRC conditions of approval. <input type="checkbox"/> |
| <input type="checkbox"/> | c) We confirm that the transfer payment will be applied to an arrangement which satisfies the requirements of Sections 169(1D) and (1E) of Finance Act 2004 and SI2006/499 (as amended) <input type="checkbox"/> |
| <input type="checkbox"/> | d) If a non UK scheme, we: <ul style="list-style-type: none"> - are registered as a QROPS have not been excluded from being a QROPS. - give our authority for HMRC to give information to you about our QROPS status, and; - confirm that the legislation of the country in which our scheme is established allows us to accept a transfer from a UK Approved pension scheme. <input type="checkbox"/> |
| <input type="checkbox"/> | Annuity Provider's Declaration (for open market option) |
| <input type="checkbox"/> | Where the fund originates from a trustee based pension scheme, the grantee of the policy will be the trustees of the purchasing scheme unless otherwise instructed. |
| Signature: | |
| Company name: | |
| Position: | |
| Date: | |

Your Personal Pension Scheme Transfer Declaration

Guidance Notes

The member should complete section 1 only. Sections 2 & 3 will be completed by the receiving scheme.

1 Member details

Please write clearly
in the white spaces
with capital letters
or tick the boxes

Your Title Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other title ☐

Your last name

ELPHICK

Your first name(s)

NATHAN

Your daytime contact number

Policy number(s) to be transferred to new arrangement

Q724386000

Q72438610

Name of Company receiving arrangement

PENSION PRACTITIONER.COM

Address of Company receiving arrangement

DAWS HOUSE

33-35 DAWSLANE

LONDON

Postcode NW7 4SD

I request the Trustees of the Scottish Widows Personal Pension Scheme to pay a transfer value to the Trustees of the Scheme/Insurance Company named above. I understand that payment of this transfer value will discharge the Trustees of the Scottish Widows Personal Pension Scheme of all liability whatsoever.

Member's signature



Date 18/11/14

2 Receiving Scheme details

The receiving scheme must complete Section 2 and Section 3.

The Receiving Arrangement is a Registered Pension Scheme, as defined in part 4 of the Finance Act 2004 under Pension Scheme Tax Reference (PSTR) number:

OR

The Receiving Arrangement is a Qualifying Recognised Overseas Pension Scheme (GROPS)*, as defined in part 4 of the Finance Act 2004

* If this box is ticked we will send you further documents to enable this to proceed

The cheque for the transfer value will be paid into an account in the name of the Trustees or Managers of the receiving arrangement and should be drawn in the favour of:

3 All Receiving Schemes

We confirm that:

The above statements are true and complete:

We agree to accept the transfer value from Scottish Widows plc.

Name

Title

Signature

Date

For and behalf of the receiving arrangement



Abbey Life

Transfer Value Option Form

- Please use this form if you wish to take a Transfer Value to a new or existing registered pension plan with another provider within the United Kingdom. Please contact us for an alternative set of forms if the transfer is to be made to an overseas pension plan or provider.
- This form is in three sections:
Section A - Transfer Information
Section B - Receiving Scheme/Policy Declaration, to be completed by the Receiving Scheme and
Section C - Transfer Value Application Form, to be completed by the client.

Section A: Transfer Information

Member Details

Policyholder: Nathan Wesley Elphick
Policy Number: 500496542A
National Insurance Number: NW852729A
Date of Birth: 21 February 1971

Transferring Plan Details

- This transferring scheme/plan is a Personal Pension Plan, which is treated as a Registered Pension Scheme under Chapter 2 of Part 4 of the Finance Act 2004.
- HM Revenue & Customs (HMRC) Registration Reference: 00605377RB
(Where the registration reference number has not been allocated yet, the previous Inland Revenue reference is shown.)
- The transferring scheme/plan is a money-purchase arrangement.

Transfer Value Details as at 21 August 2014

Retirement Fund Transfer Value: £1,758.07

The Transfer Value does not include any Former Protected Rights funds.

This amount is not guaranteed.

Divorce/Dissolved Civil Partnership Details

Earmarking order/attachment?

Is any part of the transfer as a result of a pension share on a pension in payment?



Transfer Value Option Form

Section B: Receiving Scheme Declaration For Transfer Payment

This section must be completed by the Receiving Scheme. The form should be returned to the client to complete Section C.

Member Details

Policyholder: Nathan Wesley Elphick
 Policy Number: 500496542A
 National Insurance Number: NW852729A
 Date of Birth: 21 February 1971

Details of Receiving Scheme/Policy:

| | | |
|----|--|---|
| 1. | Name of Receiving Scheme: | VERTU + BEVERLEY LIMITED PENSION SCHEME |
| 2. | Name and Address of Receiving Scheme (provider): | Name: PENSION PRACTITIONER.COM Address: DAWNS HOUSE 33-35 DAWNS LANE LONDON Postcode: NW7 4SD |
| 3. | Policy Number or Contract Reference: <i>This reference will be used by Abbey Life on correspondence. See Notes at the end of section B.</i> | |

4. Payment of the Transfer Value amount will be made by cheque. Please provide details of payee name and address in this section.

Cheque to be made payable to: _____

Cheque to be sent to:

Name: _____

Address: _____

Postcode: _____



AbbeyLife

Transfer Value Option Form

Policyholder: Nathan Wesley Elphick
National Insurance Number: NW852729A

Policy Number: 500496542A

Section B continued: Receiving Scheme Declaration For Transfer Payment

| | |
|----|---|
| 5. | <p>We undertake that the Receiving Scheme is a: (Please Tick)</p> <p><input type="checkbox"/> Registered Defined Benefit Occupational Pension Scheme</p> <p><input type="checkbox"/> Registered Defined Contribution Occupational Pension Scheme</p> <p><input type="checkbox"/> Individual Personal Pension Scheme</p> <p><input type="checkbox"/> Relevant Statutory Scheme</p> <p><input type="checkbox"/> Section 32 Plan</p> <p><input type="checkbox"/> Other - please state: _____</p> |
| 6. | <p>Receiving Scheme registration number: _____</p> <p>(If the registration number is not known please provide the previous Inland Revenue SF reference instead)</p> |
| 7. | <p>Receiving Scheme Declaration for a Transfer Value:</p> <p>a) We declare that the information given in Section B is true and correct.</p> <p>b) We confirm that the Transfer Value will be applied to provide relevant pension benefits that are consistent with HM Revenue & Customs conditions of approval.</p> <p>c) We understand and accept that once payment of the Transfer Value has been issued, Abbey Life cannot accept a return of the money.</p> |
| 8. | <p>Signature: _____ Date: _____</p> <p>Position: _____</p> <p>Telephone Number (in case of enquiry): _____</p> <p>Company Name: _____</p> |

Notes for the receiving scheme

- Section B, Question 3 - Please provide the Policy Number or, where this is unavailable, an identifying reference based on contract or client name/details etc. which Abbey Life can quote on correspondence and when making payment.
- After completing Section B please return the form to the client who must then complete Section C.

Transfer Value Option Form

Section C: Transfer Value Application Form

Please do not complete Section C until Section B has been completed by the Receiving Scheme.

Member Details

Policyholder: Nathan Wesley Elphick
Policy Number: 500496542A
National Insurance Number: NW852729A
Date of Birth: 21 February 1971

1. I confirm that the payment of the Transfer Value is to be issued to the Receiving Scheme/Policy/Pension Provider, as detailed in Section B. The name of the Receiving Scheme/Policy or Pension Provider is confirmed below:

Name of Receiving Scheme: Verity + Beverley Limited Pension Scheme
(or Pension Provider)

2. I understand and accept that once payment of the Transfer Value has been issued to the Receiving Scheme/Policy Abbey Life cannot accept a return of the money.

3. Please indicate below when you wish to take the Transfer Value:

☐

On Normal Retirement Date (assuming all requirements are received by that date) **OR**

☒

Before Normal Retirement Date and immediately all requirements are received
Warning: Where this option is selected charges may be applied to the Transfer Value shown in the quotation. Please contact our Client Line on 0845 9600 900 if you need further details.

Transfer Value Option Form

Policyholder: Nathan Wesley Elphick
National Insurance Number: NW852729A

Policy Number: 500496542A


Discharge Section

Important: This section must be signed and dated on/after the date shown in Section B.

Discharge

I agree that in consideration of such payment:

- (i) I confirm that the details in this form are true and complete.
- (ii) I agree that payment of the benefits by Abbey Life Assurance Company Limited ("ALAC") under the policy means that my policy will end and that no further benefits will be payable.
- (iii) I promise that 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 given by me, or on my behalf, either in this form or with respect to benefits from the policy.
- (iv) I also promise that I will be responsible for any losses and/or expenses which are the result of any untrue, misleading or inaccurate information deliberately given by me, or on my behalf, either in this form or with respect to benefits from the policy.
- (v) For the avoidance of doubt, by signing this disclaimer, this will not prevent me from bringing any further valid claim where there has been an error made by ALAC which was not as a result of incorrect or misleading information provided by me.

Signature:  Date: 18/11/14

Please provide telephone number in case of enquiry: 07500 426454
Although we may need to ask you to confirm certain information in writing, this may help avoid undue delay in the payment of benefits.

Transfer Value Option Form

Policyholder: Nathan Wesley Elphick
National Insurance Number: NW852729A

Policy Number: 500496542A

Checklist

Please remember to:

- ☐ - Complete, sign and date the form in Section C on or after Section B has been completed by the receiving scheme.
- ☐ - Cancel your Standing Order mandate if applicable on or immediately before your retirement date.
- ☐ - Please return the form(s) stated above to the address detailed below.

Important Notes:

- It is important to note that if any Life Assurance is directly attached to this *plan* (both policies will have the same policy number), then this will stop following payment of your benefits by way of Transfer.

There may be certain circumstances under which you may apply for another Abbey Life policy for an equivalent sum assured without the need for further medical evidence. We must receive applications within 30 days of termination of the Life Assurance. Please contact our Client Line on 0845 9600 900 for further information.

Send the completed form(s) to:

Client Services Division,
Abbey Life Assurance Company Ltd,
100 Holdenhurst Road,
Bournemouth.
BH8 8AL

Your Ref :
Our Ref : SJP/T4/NH
Tel Ext : 79999
Date : 17th September 2014



ST. JAMES'S PLACE
WEALTH MANAGEMENT

Craigforth Administration Centre, PO Box 64
Lancing BN15 8GB Tel: 0800 027 1030

REQUEST TO TRANSFER TO A REGISTERED PENSION SCHEME

TO ST. JAMES'S PLACE UK plc

I, NATHAN WESLEY ELPHICK hereby request you to pay the sum shown in the schedule below representing the whole sum due on all plans mentioned therein by a crossed cheque payable as indicated below. I understand any tax free cash Protection from Pre 6th April 2006 rights will be lost on transfer, unless this is part of a Block Transfer, or Primary/Enhanced Protection applies.

Payment by you in accordance with this request shall be a full sufficient discharge of your liability under the said plans.

SCHEDULE

| PLAN NO | SUM PAYABLE |
|----------|-------------|
| 93C49J55 | £17158.00 |
| 93C49J98 | |

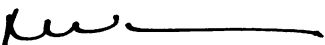
Cheque to be made payable to

Address

.....

.....

(To be applied to a Registered Pension Scheme as defined in S150 of the Finance Act 2004).

Signed.....

The actual value will be based on prices on the date following receipt of all the required documentation (claim form, Transfer Value Information form/confirmation that the receiving scheme are suitable to receive the transfer) fully completed at the St. James's Place Administration Centre.



ST. JAMES'S PLACE
Receiving Scheme/Policy Declaration
(TRANSFER VALUE INFORMATION FORM)

| | | |
|------------------|-------------------------------------|---|
| Please tick one | <input checked="" type="checkbox"/> | |
| Pension transfer | <input checked="" type="checkbox"/> | To be completed by the receiving scheme trustees or administrator |

| | | |
|--------------------|--------------------------|---|
| Open market option | <input type="checkbox"/> | To be completed by the annuity provider |
|--------------------|--------------------------|---|

| | |
|---|--|
| Name of transferring scheme/arrangement: | |
| Policy/Reference Number: | |
| Member's Name: | |
| National Insurance Number: | |
| Member's date of birth: | |
| The transferring scheme is a UK Registered Pension Scheme | |

| | |
|---|--|
| Name of receiving scheme and provider: | |
| Reference(to be used on correspondence and payments): | |
| HMRC reference number: | |
| Date of scheme registration: | |
| If the Scheme has been registered within the last 12 months a copy of your HMRC approval letter must be provided | |
| Payment details | |
| Cheque made payable to: | |
| Address: | |
| Reference to be included with payment (e.g. client name/policy number): | |

| | |
|---|---|
| PENSION TRANSFER (please do not complete for open market option) | |
| 1. We undertake that the receiving scheme is: | |
| | Please tick one <input checked="" type="checkbox"/> |
| A. Registered Defined Benefit Occupational Pension Scheme | <input type="checkbox"/> |
| B. Registered Defined Contribution Occupational Pension Scheme | <input type="checkbox"/> |
| C. Individual Personal Pension Scheme | <input type="checkbox"/> |
| D. (i) Qualifying Recognised Overseas Pension Scheme (QROPS) | <input type="checkbox"/> |
| D. (ii) Country under the law of which the scheme is established and regulated: | |

| |
|---|
| OPEN MARKET OPTION |
| We confirm that the member's fund will be used to secure a non-assignable, non-commutable annuity. |
| 1. We are/are not* able to accept business from a non UK scheme. |
| Please note that no pension commencement lump sum will be provided on receipt of the member's fund. |
| Address for correspondence: |
| |
| |

| | |
|-------------------------------------|---|
| DECLARATION | |
| <input checked="" type="checkbox"/> | Please tick and complete appropriate section |
| <input type="checkbox"/> | Receiving Scheme Declaration (for pension transfer) |
| <input type="checkbox"/> | a) We declare that the information given above and overleaf is true and correct. <input type="checkbox"/> |
| <input type="checkbox"/> | b) We confirm that the transfer value will be applied to provide relevant pension benefits that are consistent with HMRC conditions of approval. <input type="checkbox"/> |
| <input type="checkbox"/> | c) We confirm that the transfer payment will be applied to an arrangement which satisfies the requirements of Sections 169(1D) and (1E) of Finance Act 2004 and SI2006/499 (as amended) <input type="checkbox"/> |
| <input type="checkbox"/> | d) If a non UK scheme, we: <ul style="list-style-type: none"> - are registered as a QROPS have not been excluded from being a QROPS. - give our authority for HMRC to give information to you about our QROPS status, and; - confirm that the legislation of the country in which our scheme is established allows us to accept a transfer from a UK Approved pension scheme. <input type="checkbox"/> |
| <input type="checkbox"/> | Annuity Provider's Declaration (for open market option) |
| <input type="checkbox"/> | Where the fund originates from a trustee based pension scheme, the grantee of the policy will be the trustees of the purchasing scheme unless otherwise instructed. |
| Signature: | |
| Company name: | |
| Position: | |
| Date: | |

H|G HART GREAVES

Our Ref: KH / ET / 109

24 November 2014

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

Dear Sirs

Verity & Beverley Limited Pension Scheme

Please find enclosed the following documents on behalf of the two members of the above scheme, who wish to transfer existing arrangements into the above scheme;

Mr N Elphick

- Scottish Widows Personal Pension Scheme Transfer Declaration
- Abbey Life Transfer Value Option Form
- St James Place Request to Transfer to a Registered Pension Scheme

Mrs A I Alkiviades

- St James Place Request to Transfer to a Registered Pension Scheme

Both the clients and ourselves have spoken to all of the transferring schemes and none have identified an issue with a transfer to a SSAS.

Further to the scheme documentation submitted to you on 18 November 2014 we would be grateful if you could confirm the scheme set up as soon as possible. The members do not wish to return the required Direct Debit mandate in respect of the annual fees until they are able to complete this with details of their Metro Bank account.

Please contact this office should you have any queries in respect of the above.

Yours sincerely



Emma Thorpe BA(Hons) DipPFS
Paraplanner