



Our ref CS/H/TRF/SL
Your ref
Telephone 0370 0101 259
Date 14 March 2014

Private & Confidential
Mrs PJ Bailey
49 Vicarage Road
SWINDON

SN2 1JH

Legal & General
Assurance Society Ltd

Individual Pension Claims Team
City Park
The Droveaway
Hove
BN3 7PY

Telephone 0370 0101 259
Facsimile 0845 070 6389

Dear Mrs Bailey

Pension Transfer
Scheme Name: Personal Pension Plan
Arrangement Number: UP2490903
Member: PJ Bailey

Thank you for your enquiry.

External Transfer Value		
Total External Transfer Value	£	19,314.67

The transfer value is based on unit prices at 14/03/2014.

These figures, which cannot be guaranteed, have been calculated using the current unit prices, policy terms and conditions, and where applicable bonus rates.

The actual amount paid will be determined using the above parameters current upon receipt of all outstanding forms and data necessary to settle the claim. Until then investment will remain in the existing allocated funds, unless we receive written instructions to the contrary.

continued/

**EVERY
DAY
MATTERS.®**

Legal & General Assurance Society Limited, registered No. 00166C55, is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Legal & General (Unit Trust Managers) Limited, registered No. 01009418, and Legal & General (Portfolio Management Services) Limited, registered No. 02457525, are authorised and regulated by the Financial Conduct Authority.
All companies are registered in England and Wales and their Registered Office is One Coleman Street London EC2R 5AA.

Current Fund Value		
Total Current Fund Value	£	19,314.67

The Current Fund Value was calculated using unit prices prevailing on 14/03/2014.

These figures cannot be guaranteed as the investment is in unit-linked funds, the values of which change on a daily basis. These figures represent the notional value of the contract and would not be the amount available in the event of a claim. Details of the charges applicable in the event of a claim can be found in the member's booklet that accompanied the membership certificate.

To protect you and us from financial crime we will need to confirm your identity at the point of transfer. We will do this by using reference agencies to search sources of information about you (an identity search). This will not affect your credit rating. If this identity search fails, we may ask you for documents to confirm your identity.

Please read the enclosed leaflet from The Pensions Regulator before deciding to proceed with your transfer.

If you need more information please speak to your financial adviser if you have one, or call our Customer Helpline on 0370 0101 259. Main contact hours are between 9am and 5pm. Calls to this number will be charged at the national rate.

For your protection, we may record and monitor calls.

Yours sincerely

Customer Services

Legal & General Assurance Society Ltd

Part 1* - Declaration by Receiving Scheme

To be completed by the receiving scheme trustees or administrator for a transfer or the annuity provider for an open market option.

Name of Transferring Scheme/Arrangement:	
Name of Receiving Scheme:	
Name of Employer (OPS transfers only):	
Legal & General Policy No: UP2490903	Member's Name: PJ Bailey
N.I. No: JC982414	Date of Birth: 09/10/1968
Receiving Scheme reference:	

**PAYMENT WILL BE MADE BY DIRECT CREDIT.
PLEASE SUPPLY YOUR BANK ACCOUNT NUMBER, ACCOUNT NAME & SORT
CODE ON COMPANY HEADED PAPER.**

SECTION 1: PENSION TRANSFERS *(please complete SECTION 2 if an open market option is required)*

HM Revenue & Customs (HMRC) reference number:

1. We undertake that the Receiving Scheme is: *(please tick one only)*

A. Occupational scheme

- i. Self-administered scheme, i.e. an occupational scheme that is not wholly invested in insurance policies
- ii. Insured scheme

B. Section 32 buy out plan

C. Personal/stakeholder pension scheme

- i. Underwritten by an insurance company or other financial institution within the meaning of s632(1)(a) of ICTA 1988
- ii. Other *(please give details):*

Where the receiving scheme type is as described in B or C above, please tick this box if benefits are to vest immediately upon receipt of the transfer value

D. Formerly Protected Rights

Please note that it will be assumed that all benefits from the Arrangement(s) will be transferred, including any Formerly Protected Rights (if applicable) as quoted. Please therefore state below any specific requirements to the contrary.

1. Contracting out basis: Defined benefit / Money purchase *(delete as appropriate)*

2. ASCN: ECON: SCON:

3. Date contracted-out employment started *(Occupational schemes only)*:
.....

SECTION 2: Open market option *(please complete SECTION 1 if a pension transfer is required)*

We confirm that the member's fund will be used to secure a non-assignable, non-commutable compulsory purchase annuity.

We are / are not* able to accept business from a non-UK scheme. *(*delete as appropriate)*

Please note that no tax-free cash will be provided on receipt of the member's fund.

Address for correspondence:

If you wish payment to be made by cheque, please provide the following:

Cheque Payee:

Address: *(if different from the above)*

Transfer payments must normally be sent directly to the scheme trustees or administrator, not via an independent broker or third party.

***If Part 2 has not been completed, please forward to the Member for completion.**

Receiving Scheme/Annuity Provider declaration

We declare that the information given above is true and correct.

We confirm that we are willing to accept the transfer payment.

We confirm that the transfer value will be applied to provide benefits that are consistent with the conditions of scheme registration with HM Revenue & Customs.

We give our permission to HM Revenue & Customs to provide the scheme making the transfer with information about the registration status of the receiving scheme.

Annuity provider's declaration (for an open market option)

Where the fund originates from an occupational pension scheme, the grantee of the policy will be the trustees of the purchasing scheme unless otherwise instructed.

Signature: Print Name:

Company Name:

Position: Contact Number: Fax:

Date: Email Address:

Part 2* - Form of Discharge
To be completed by the Member

Policy Number(s): UP2490903

(Please note we will only transfer the policies listed above)

In consideration of the value of the above Arrangements being transferred to the under noted pension provider, I hereby discharge you from any and all liability under the arrangement(s).

Name of New Pension Provider:

Signature: *Penny Bailey* Date:

Print Name: *PENNY BAILEY* Contact No:

If you have moved recently, please provide your new address below

Address For Correspondence:

..... **Post Code:**

***If Part 1 has not been completed, please forward to the Receiving Scheme for completion.**

Once completed, please return these documents to:

Legal & General Assurance Society, Transfers Out Dept, City Park, The Drove, Hove, BN3 7PY

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All companies are registered in England and Wales and their Registered Office is One Coleman Street London EC2R 5AA.

Our Requirements

In order to process your transfer request as quickly as possible, please ensure you have enclosed the following information:

☒ Tick when completed

- ☐ A covering letter confirming acceptance of this transfer and other relevant details from the Receiving Scheme (*on company headed paper*). If paying by direct credit, please supply your bank account number, account name & sort code.
- ☐ Our completed Receiving Scheme Declaration duly signed by a representative of that office.
- ☐ Our Form of Discharge duly signed by our Member.**
- ☐ A copy of the Receiving Scheme's signed application form (*optional*).

**If our Form of Discharge cannot be completed, we are willing to accept verbal authority to transfer from our Member.

Please ensure all relevant parts are completed. If you need help completing these forms, please contact us.

Please note: We aim to process your transfer request within 10 working days of receipt.

A Warning About Pension Transfers

This notice summarises the potential tax consequences of pension transfers. Most pension transfers will not have tax implications, but please read this note to see whether you might be affected.

1. Unauthorised Payments

If you transfer your benefits to a scheme that is based in the UK but is not registered with HMRC, you must pay an unauthorised payment charge. The charge would not be less than 55% of the transfer value. We will not knowingly pay a transfer value to a UK receiving scheme, which is not a registered pension scheme.

2. Loss of protection

Protected Lump Sum

You may be entitled to a protected tax-free lump sum under the transferring scheme. This entitlement will be reduced to 25% of your fund at retirement unless your transfer is part of a block transfer or your scheme is winding up.

A block transfer means that two or more members of the same scheme transfer their benefits at the same time to another registered pension scheme. Winding up means that a scheme is closing down and the administrator is moving out all of the members' benefits.

Protected Retirement Age

You may have a protected retirement age under the transferring scheme. This would mean that you are entitled to draw your benefits before the age of 50 (55 from 2010). You will lose this entitlement unless your transfer is part of a block transfer or your scheme is winding up.

Enhanced Protection

You may have registered with HMRC for enhanced protection against lifetime allowance charges. Your entitlement to this type of protection could be lost depending on the type of receiving scheme and the circumstances of the transfer.

3. Overseas Transfers

Transfers to overseas pension schemes can give rise to tax charges. We will send you details of the possible tax charges if you ask for a transfer to an overseas pension scheme.

If you think that any of the above points apply to you, and you are worried about a possible tax charge or losing your protection, please speak to a financial advisor.

Call us at local rates on
0845 640 2000
8am to 6pm - Mon to Fri
Calls may be monitored or
recorded for quality and
security purposes.

Membership number: 51582353
Member's name: Mrs Penny Bailey
Member's date of birth: 9 October 1968
Prudential Reference:
Transfer value amount: £20,860.11
Date of Quotation: 18 March 2014



PRUDENTIAL PERSONAL PENSION SCHEME

DECLARATION BY PENSION PROVIDER

TITLE OF RECEIVING SCHEME



AGREEMENT OF RECEIVING SCHEME

We hereby declare that the above named has applied to transfer the value of her benefits under the scheme named above (which is a UK Registered Pension Scheme) to this Receiving Scheme.

We agree that the transfer payment from the quoted Prudential Personal Pension Scheme will be applied to the Receiving Scheme.

The receiving scheme is:

☐

i) A UK Registered Pension Scheme - a scheme which is registered under Chapter 2 of Part 4 of the Finance Act 2004. (This will include personal and stakeholder pension schemes, occupational pension schemes and Section 32 Buy Out contracts.)

The Pension Scheme Tax Reference (PSTR) is

☐

ii) A Qualifying Registered Overseas Pension Scheme - a scheme established and regulated and recognised as a pension scheme in one of the following:

- a member state of the European Economic Area (EEA)
- a country which has a double taxation agreement with the UK that contains exchange of information and non discrimination provisions
- any other country, if the scheme complies with specific conditions relating to member access and payment of benefits.

The scheme must also undertake to notify Her Majesty's Revenue and Customs if the scheme ceases to satisfy the above conditions and to supply certain payment information.

☐

We enclose a copy of the acceptance letter from HMRC Audit and Pensions Scheme Services confirming the receiving scheme is a Qualifying Registered Overseas Pension Scheme (please tick this box to confirm the letter is enclosed).

☐

Please tick this box if the value of these benefits are being used to purchase a pension for immediate vesting.

Please note: If you are to pay the tax free cash sum to the policyholder please ensure all parts of this quotation are completed. If we are to pay the tax free cash sum, you will need to contact us for an Open Market Option quotation.

PRUDENTIAL PERSONAL PENSION SCHEME
DECLARATION BY PENSION PROVIDER

PAYMENT DETAILS

We will credit the transfer value direct to your bank and to enable us to do this, please complete the following:

BANK DETAILS

Name of the bank	
Address	
Sort Code	
Name of account holder	
Account number	

If you do not wish us to make payment direct, we will send you a cheque. Cheque to be made payable to:

SIGNATURE

Authorised signature of pension provider

Date

X

D	D	M	M	Y	Y	Y	Y

Status of signatory

Please also add your Pension Provider/Company Stamp to this document. Failure to do so may delay payment.

Call us at local rates on
0845 640 2000
8am to 6pm - Mon to Fri
Calls may be monitored or
recorded for quality and
security purposes.

Membership number: **51582353**
Member's name: **Penny Bailey**
Member's date of birth: **9 October 1968**
Our reference:
Territory details: **T 71 0166**
Date of quotation: **18 March 2014**



WHAT TO DO NOW

If you wish to accept the Transfer Value, please complete the authorisation and sign it in the presence of a witness.

Please return the completed form to Prudential as soon as possible.

You also need to pass the following letter and Declaration to your chosen alternative pension provider to whom you wish to transfer the value of your benefits.



AUTHORISATION TO PAY

I authorise the Prudential Assurance Company Ltd to pay the Transfer Value as at the date of payment, in full discharge and satisfaction of any obligation on the part of Prudential to give effect to all the Benefits in respect of the Prudential Personal Pension Scheme.

Signature (member)

Date

X *Penny Bailey*

D	D	M	M	Y	Y	Y	Y
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Please enter the details in
CAPITALS.

Your address

Postcode									

Please note that the
witness must not be a
member of your family, or
someone who lives with
you.

WITNESSED BY

Signature

Date

X

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full name

Address

Postcode									