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FAO: Mr Brad Davis Pension Practitioner.Com Daws House 33-35 Daws Lane London NW7 4SD

8th August 2011

Dear Brad

## RE: Watson Gym- Simon Watson Scottish Widows Transfer In

Please find enclosed discharge paperwork in order to transfer Mr Watson's Scottish Widows pension plan into his Watson Gym SSAS.

I would be grateful if you could complete the enclosed form and forward onto Scottish Widows to begin processing the transfer across to you.

Please could you also provide me with copies of the application forms submitted to you for WatsonGym? These didn't come via our offices so I didn't get to take a copy at the time. Could you also provide me with copies of confirmation correspondence that the scheme is now set-up?

I would be grateful if you could please provide me with confirmation once the transaction has completed.

If you have any queries regarding this please do not hesitate to contact me.

Yours sincerely

Matthew@kcfp.co.uk

Offices also in Bristol

## Declaration of Claim Discharge Transfer

Plan Holder's Name  Pension Plan  A: Transfer Instruction Complete this section in all cases.	Mr S Watson 9130939/1									
A: Transfer Instruction										
	uotation number									
	uotation number	_								
I elect to take the benefits as detailed on qu										
If you choose to transfer to another approv. / Administrators of the receiving Scheme /	ed pension provid Life Office to con	der plea nplete S	ise cor Section	mplete C belo	Sectio w.	n D ove	rleaf ar	nd ask i	ihe Ta	ıstees
B: Transfer Value Details as at 6.7.2011										
Total Amount of transfer value Pre-1997 Protected Rights Post-1997 Protected Rights Non-Protected Rights										741.65 £0.00 £0.00 741.65
The total amount of transfer value is not guaranteed. The are received at Scottch Widows head office (Please see amount may be less than the amount quoted above.	a actual transfer valua policy provisions for fu	will norma urthor deta	illy be ca ills). Rei	ikulaled ( membar li	on the da hal unil v	ly the linal values can	documen go dawn	as well as	ed for par surp so t	yment ha fin <b>al</b>
C: Receiving Scheme/Life Office Details To be concluded by the Trustees/Administrators of the Ri Note: If you would rether receive pays	aceiving Scheme/Life (		s your co	отрапу па	ama ame	B <b>d</b> dross i	n tha fiald	s balow.		
Name of Receiving Scheme/Life Office										
Address of Receiving Scheme/Life Office	e's Bank									
Post Code	-	-					- <del></del> -			
Account Name		_								
Sort Code	: :	Accoun	t Num	ber		;				:
Reference Number:		(If left b	lank, p	olicy n	umber	will be	quoted)	}		
The transfer will be paid to (please tick one	box:									
A personal pension scheme approved unde Chapter IV of Part XIV of Income & Corporation Taxes Act 1988	_	A statu ICTA 1		heme a	s deli	ned In S	ection (	612 of	the	
Another Scottish Widows Plan Policy number if known:			nally a			ne appr er Chap			V of	
A free-standing AVC Scheme approved und Chapter I of Part XIV of ICTA 1988	der [									
If the transfer is going to a retirement benef retirement age for the scheme		statutor	y sche	me, ple	ase st	ale the	normal			
We agree to accept the transfer as indicate	d above.						• • • • •		••••	••••
Signed: X				Date:		:				
Tille/Designation (for the true equivalent attractor of the roce	eving achomolide office)									

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D: Signature
Complete this section only if you have chosen to transfer to another Approved Pension Provider

I authorise the transfer to the Scheme/Life Office as detailed above.

This authority will act as my discharge to you in respect of all sums due to me under the plan as soon as payment is made.

, Signed: X

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