

Strictly Private & Confidential

FAO Esther Salmon Retirement.Capital Venture Wales Building Merthyr Tydfil Industrial Business Park Merthyr Tydfil Wales CF48 4DR

4th April 2022

Dear Esther

RE Raise the Bar SSAS – Zurich transfer

Please find attached the original Zurich Transfer Claim Forms, please complete your element and forward to Zurich to start the process of the transfers for Steve and Angela.

Should you have any queries please do not hesitate to contact me.

Yours sincerely

Katie Blacklock

Katie Blacklock **Technical Support** Email: Katie.Blacklock@brownshipley.co.uk



Claim form Transfer

We have enclosed information on the things you should consider before making your transfer. If you do not understand the information we've provided or would like to ask any questions, then please contact us, or speak to a financial adviser before signing and returning this transfer form.

There are new Department for Work & Pensions (DWP) regulations that require scheme trustees/managers to ensure that extra checks are made before making a pension transfer. The regulations are to help protect members of pension schemes against the dangers of pension scams. The regulations require that your transfer request is assessed against two conditions set out in the regulations. There are also

We need some information from you so that we can complete these regulatory checks. We will then consider all this information and assess whether the transfer can proceed or if we need more information. If you do not meet the regulatory requirements your transfer will not be able to proceed. If this happens, we will write to you and tell you why.

Section 1 Your details Stephen James Smith Name P10755-765-001/[)L Plan number Previous surname (if applicable) 36 Firs Crescent Formby Liverpool Merseyside Address L37 1PT Postcode Evening telephone number* 0771 058 3040 Daytime telephone number* UK Tax residency British Nationality NZ090851A National Insurance Number 01 31 1 29 9 Date of birth

^{*}We may need to contact you to discuss the claim and if you provide your telephone number this will help to avoid any delays

Section 2 Yes No Have you received advice from a firm or individual in connection with transferring your pension benefits? Adviser Details If yes, please provide the following information: Brown Shipley & Co Ltd What is the name of the adviser? Brown Shipley House Edwalton Business Park What is their business address? Landmere Lane Postcode Edwalton Nottingham NG12 4JL What is their FCA registration number? 124548 Telephone: 0115 9457550 What are their FCA permissions? If applicable, what is the name and address of the company they represent? Postcode What is their website address? (If you wish to check whether an individual or company is registered you can look at the FCA website register.fca.org.uk/s/. You can also call the FCA Consumer Helpline on 0800 111 6768 if you need any help checking the register). Section 3 Receiving scheme details Please note that, for the receiving scheme to accept the transfer, you must be a member of the receiving scheme. Please tick the box to confirm the type of receiving scheme A pension scheme that was fully approved by HM Revenue & Customs (HMRC) before 6 April 2006 and became a registered pension scheme on that date under Chapter 2, Part 4 Finance Act 2004 (as amended) A registered pension scheme under Chapter 2, Part 4 Finance Act 2004 (as amended) Please confirm the type of the receiving scheme, for example, Personal Pension scheme. SSAS Raise The Bar Limited RBS Name of the receiving scheme Retirement Capital, Venture Wales Building, Merthyr Tydfil Industrial Business Park Receiving scheme address Merthyr Tydfil, WALES CF48 4DR Postcode Retirement Capital Name of Scheme Administrator Section 4

Receiving scheme approval/registration

What is the HMRC Approval/Registration number?

Please provide a copy of the pension schemes approval/registration letter issued by HMRC or a current dated screen shot from the HMRC pension scheme portal confirming details of the scheme.

If the scheme does not have a HMRC Approval/Registration number, please confirm the type of scheme.

Section 5 Payment details Please confirm either: Direct Credit (Preferred) or Cheque details Direct credit details (if appropriate): Sort code Account number Account payee name Cheque details* (if appropriate) - only available if the receiving scheme address is in the UK Address Postcode Reference

*This must be the provider/insurer of the receiving scheme or, if there is no provider/insurer, the scheme administrator (for example, trustees). If payment is to be made to the scheme administrator, documentary evidence showing the scheme admin strator's link with the receiving scheme must be provided, for instance, a copy of the scheme's letter of approval/registration.

If your plan includes a guaranteed annuity rate or guaranteed mortality basis, you may have to take financial advice before we will be able to make a payment to you. To confirm this, you must complete a 'Supplementary Guarantee declaration' form to confirm you have taken advice. If this applies to you this will have been confirmed in the covering letter. We will not be able to proceed with your clain without it.

Section 6

Contact name

Transfers to an occupational pension scheme

If you are requesting to transfer to an occupational pension scheme please provide us with the following informatior, unless the receiving scheme is an authorised master trust scheme, authorised collective money purchase scheme or a public service pension scheme. If you are unable to provide us with this information, then we will not be able to pay the transfer to the receiving scheme.

1 Please send us a letter from your employer on their headed notepaper confirming that:

- · your employer is a sponsoring employer of the scheme you want to transfer to;
- you are employed by the sponsoring employer and have been for the three months up to the date of this transfer request;
- the date that you started being employed by them and that you have been continuously employed by them from that date; and
- the contributions on the Schedule of Contributions have been paid and the dates of those payments. If the contribution amounts differ from those shown on that Schedule then the employer should state the actual amounts paid and the date they were paid.

2 Contribution information - please send us:

- the receiving scheme's Schedule of Contributions or Payment Schedule which shows the contributions due to be paid by the sponsoring employer and by you (or on your behalf) in the 3 months up to the date of this transfer request. It must also show the due dates of those contributions:
- a copy of your payslips (or other written evidence) showing the salary paid to you by the sponsoring employer of the receiving scheme for the 3 months up to the date of this transfer request; and
- a copy of your personal bank or building society statements which show the deposit of your salary from the sponsoring employer of the receiving scheme. These must be provided for the 3 months up to the date of this transfer request.

Section 7

We have enclosed information on the things you should consider before making your claim. If you do not understand the information we've provided or would like to ask any questions, then please contact us, or speak to a financial adviser before signing and returning this claim

I am aware that:

 Zurich recommend I consider taking regulated financial advice I/we authorise Zurich Assurance Ltd to pay the plan proceeds as permitted by the terms and conditions and as detailed in this claim form and any other supporting documentation.

- the final transfer value will be calculated on the next valuation date following receipt of all documentation and information required
- that my transfer request will be declined if it does not meet the transfer conditions set out in DWP and HMRC legislation
- that if the transfer is to an occupational pension scheme then I must provide the information listed in section 6 above (unless the receiving scheme is an authorised master trust scheme, authorised collective money purchase scheme or a public service pension

By signing this authority I accept that payment by Zurich is in full and final settlement of the claim and Zurich are under no further liability.

I am not bankrupt and have not been since starting the plan.

To the best of my knowledge and belief all of the details Zurich hold about me and the contents of this claim form are true and complete.

Signature

Date signed

VSOBZOZZ

Print name BLOCK CAPITALS

STEPHEN JAMES SMITH

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We may record or monitor calls to improve our service

