BESTINVEST

Date	,	26/11/2013	Our	Rof	Laura Surtees		
			- Out				
FAO SSAS Pension Transfers In			Bestinvest Wealth Management (Ltd) 9/21 Princess Street				
Pension Practitioner.Com			9/21 Princess Street Manchester				
	Daws House						
			M2 4DN				
33-35 Daws Lane				504 No. 434400			
LONDON			FSA No. 134190				
NW7 4SD							
Department: SSAS			Your Ref SSAS PPTV IN				
Department. 33A3			Tour Ret 33A3 PPTV IN				
Clier	nt Name	1850 SSAS					
Cilei	it ivallie	1830 33A3					
Enclosed:			Dom:	Domino d			
X			4.0.				
^	1	d Smith to TV £15,000 in only.	×	SIPP Centre	t & copy once sent to		
	i	•		SIPP Centre			
		an you send to SIPP Centre with f the bank account where the					
	1						
 	monies	are to be sent.	 				
			-	Investment Sched			
				Policy Documents			
			-	Commission			
			-	Confirmation of:			
			-				
FURT	THER REQ	UIREMENTS					
		documents signed by the individual	l for yo	u to forward on to	SIPP Centre so monies		
can be released to the SSAS.							
THANKS							
					,		

9/21 Princess Street, Manchester M2 4DN

Telephone: 0161 832 6413 Email: laura.surtees@bestinvest.co.uk

SIPPDEAL E-SIPP TRANSFER DISCHARGE FORM

Sippcentre SIPP

Arrangement:

Member:	David Smith				
ccount Number: SCC807093					
To be completed by the	he Member (Please complete all parts)				
Reason for transferrin (Please select all that					
Did you receive advice	in relation this transfer? Yes No (please circle)				
If yes, from whom did y receive advice? (Please insert details)	Address				
	Telephone number				
How do you wish to tra	ansfer your assets? CASH only				
	IN-SPECIE DOZE				
Amount of transfer?	All of my fund or amount £ 15,000				
	to transfer the amount specified above from the benefits to which I am angement named above, and pay the transfer value to the receiving				
I agree that payment b Management Limited a under the above arran	ally entitled to the benefits in question, which the arrangement secures. by you in accordance with these instructions will fully discharge A J Bell and Sippdeal Trustees Limited from liability to provide benefits for me negment, and I indemnify you against all claims or proceedings made to f the benefits to be transferred, and against all resulting losses and may incur.				
as a result of this trans	nyself nor any party connected with me will be in receipt of any payment asfer and its subsequent investment other than authorised pension and yable to me no earlier than from age 55.				
Signed by the member	r in his/her capacity as member to the arrangement:				
Da	Dated 20 Nov 201	ን			