

Date	•	7 ^{tt}	February 2012	Our	Ref	Louise Cottam		
	·				HW Financial Services Ltd			
FAO Brad					120-124 Towngate			
Pen	sion Prac	titic	oner	Leyland				
Daws House					Preston			
33-35 Daws Lane					PR25 2LQ			
London								
NW7 4SD					FSA No. 134190			
Department:					Your Ref			
Client Name			David Smith					
Policy No			SCC807093					
DO	B							
				<u> </u>				
Enc	Enclosed:			Requ	Required			
	Letter of		 	X	Acknowledgemer			
			Laundering Documents	 	Investment Schedule			
	Application Form			_	Policy Documents			
<u> </u>	DDM			ļ	Commission			
<u> </u>	Top Up Application				Confirmation of:			
	Investment Managers Agreement			Terms				
			orm to fully encash the bond					
	Original Plan documents		_					
×	Parial surrender form							
				<u> </u>				
		_						
	1							
FU	RTHER RE	QU	UREMENTS					
Please find attached the SIPPCentres partial surrender form, I would be grateful if you would								
complete and forward directly to The SIPPCentre for processing.								
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Ple	Please could you confirm when this has been actioned.							
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SIPPDEAL E-SIPP PARTIAL TRANSFER DISCHARGE FORM

Sippcentre SIPP

Arrangement:

Member:	David Smith							
Account Number:	SCC807093							
PART A – to be compl	eted by the Member							
PART A – to be completed by the Member								
hereby request you to transfer a specified amount of £ $15,000.00$ of the benefits o which I am entitled under the arrangement specified above, and pay that specified amount o the Scheme stated in Part B of this form.								
I declare that I am legally entitled to the benefits in question, which the arrangement secures. I agree that payment by you in accordance with these instructions will fully discharge A J Bell Management Limited and Sippdeal Trustees Limited from liability to provide benefits for me from that specified amount under the above arrangement, and I indemnify you against all claims or proceedings made against you in respect of the benefits to be transferred, and against all resulting losses and expenses, which you may incur.								
Signed by the member in his/her capacity as member to the arrangement:								
DR	Dated 6/2/12							
PART B – to be completed by the receiving Scheme:								
I/We agree to accept the transfer payment and confirm the receiving scheme is a registered pension scheme under Finance Act 2004.								
Full Name of Scheme								
HMRC Pension Scheme Tax Reference								
Scheme Administrator's Name:								
Address:								
Is the scheme contracted out?								
If Yes, please ensure the relevant section is completed on the next page								

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David Smith - SCC807093

The transfer payment will be paid directly to the Scheme Administrator's bank (please note that it is not possible to issue a cheque): Bank Name: **Account Name:** Account Number: Sort Code: The reference to be quoted If the client has requested an in-specie transfer, can you please complete the following: -Stockbroker Details Name of Stockbroker: Address: Telephone Number: To be completed if transfer contains protected rights Yes No Does the transfer satisfy the conditions contained in The Protected Rights (Transfer Payment) Regulations 1996, as amended by The Protected Rights (Transfer Payment) (Amendment) Regulations 2005? **ASCN** Scheme's contracted-out number **SCON ECON** If the receiving scheme is an occupational scheme Will the member be in contracted-out employment with scheme? Yes Date on which member joined the scheme Revaluation rate, if applicable

Signed: Dated

Position:

Company:

(On behalf of the Receiving Scheme)

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