

Gina

This needs to have new scheme set up docs done.
at the time, it was up in the air as to how it was
to be done. I've explained to the members that they
will be administrators, they are fine with that.

These members have been added to 'PTJ Pension Scheme
in order to facilitate Transfers in. One has completed, 3
are ongoing. Merte has dealt with the additional info
request so they will need chasing soon.

Once transfers complete (and while the new scheme is
being registered.) The Bennett's want to purchase a
commercial property.

Dave knows about this case.

fees agreed are slightly different. Dave can send
you the email with details, but Transfer in fees are
£250 + VAT, not £350 + VAT.

Thanks,

Gemma.



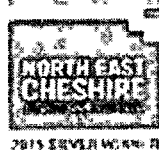
AMPS
Association of
Master Pension
Schemes

Small Self-Administered Scheme

SSAS Scheme Application Form

- **Establishment of New Small Self Administered Scheme**
- **Form to be completed and signed by Principal Employer and Member Trustees**
- **This document, together with the governing Trust Deed, Rules and the Fee Schedule forms a legally binding agreement between you and us.**

Your completed form should be returned to:
Cranfords, 48 Chorley New Road, Bolton, BL1 4AP
www.cranfords.biz
admin@cranfords.biz



0844 410 0037 admin@cranfords.biz www.cranfords.biz

Cranfords is the trading style of 3110950 Ltd.(No. 3110950).
Cranfords is registered in England at 48 Chorley New Road, Bolton, BL1 4AP.

Scheme Details

SSAS Scheme Name	BENNETT PENSION SCHEME.		
Contact Name	IVAN BENNETT		
Contact Address	137 HODGE CLOUGH ROAD, OLDHAM		
	OL1 4PX		
Telephone	07966 014926	Number of Members	2
		Normal Retirement Age	65

Principal Employer Details

Company Name	JACKMUS LIMITED		
Contact Name			
Registered Office Address			
Telephone			
Email			
Company Reg No.		Nature of Business	
No. Staff Employed		PAYE Ref No.	
VAT Registration No.		Corporation/Partnership Tax Ref	

Please provide a copy of the Certificate of Incorporation, copy of most recent filed audited accounts and details of current company officers (i.e. details of current directors and company secretary) and shareholders.

Appointment of Financial Adviser

Company Name		Company FCA Ref No	
Address			
Contact Name		Contact Telephone	
Contact E-mail			
Adviser Name		Adviser FCA IRN	
Adviser Fees - Initial	£	OR	%
Adviser Fees - Renewal	£	OR	%

Member Details

Title	MR	Forename(s)	IVAN	Surname	BENNETT
Address	137 HODGE CLOUGH ROAD OLDHAM OL1 4PX				
Gender	MALE	Date of Birth	09-10-1966	NI. No.	
Contact No.	07966 014926	E-mail Address	ivan@miss-dee.com		
Resident Country	UK	Employment Status	EMPLOYED		
Nationality	BRITISH	Marital Status	MARRIED		

Employer JASZ LTD

Are you a Director?	Yes / <input checked="" type="radio"/> No	Unique Tax Payer Reference	
Are you a shareholder?	Yes / <input checked="" type="radio"/> No		
Are your Benefits Subject to a pension sharing order?	Yes / No	Please provide relevant documentary evidence	

Member Details

Title	MRS	Forename(s)	ANN	Surname	BENNETT
Address	137 HODGE CLOUGH ROAD OLDHAM OL1 4PX				
Gender	FEMALE	Date of Birth	14-09-1969	NI. No.	NS 383788B
Contact No.	07855 845714	E-mail Address	chezbenett@btinternet.com		
Resident Country	UK	Employment Status	EMPLOYED		
Nationality	BRITISH	Marital Status	MARRIED		

Employer

Are you a Director?	Yes / No	Unique Tax Payer Reference	
Are you a shareholder?	Yes / No		
Are your Benefits Subject to a pension sharing order?	Yes / No	Please provide relevant documentary evidence	

Transfer Details (Please complete for each member / transfer)

Member Name	IVAN BENNETT		
Scheme name	PRUDENTIAL PENSION PLAN WITH PROFITS.		
Policy / Member No	5124851		
Provider Name	PRUDENTIAL	Provider Telephone	0800 000 000
Provider Address	CUSTOMER SERVICE CENTRE PRUDENTIAL LANCING, BN15 8GB		
Estimated Transfer	£ 76575.14	Is this the full value of your plan?	Yes / No
Pension Type		Is the transfer in-specie?*	Yes / No

*If yes please provide details on a separate sheet

Have you already taken any form of benefits from your existing pension scheme: Yes / No

If yes, is your fund already entirely in drawdown ☐ OR partially in drawdown ☐

Unknown ☐ If unknown, please contact us or your Financial Advisor to discuss this further

Transfer Details (Please complete for each member / transfer)

Member Name	ANN BENNETT		
Scheme name	PERSONAL PENSION PLAN WITH PROFITS FUND		
Policy / Member No	K254758000		
Provider Name	STANDARD LIFE	Provider Telephone	
Provider Address			
Estimated Transfer	£ 23397.03	Is this the full value of your plan?	Yes / No
Pension Type		Is the transfer in-specie?*	Yes / No

*If yes please provide details on a separate sheet

Have you already taken any form of benefits from your existing pension scheme: Yes / No

If yes, is your fund already entirely in drawdown ☐ OR partially in drawdown ☐

Unknown ☐ If unknown, please contact us or your Financial Advisor to discuss this further

Transfer Details (Please complete for each member / transfer)

Member Name	ANN BENNETT		
Scheme name	ALPHA SCHOOLS LIMITED - MANAGED LIFESTYLE PROFILE		
Policy / Member No	2679545101		
Provider Name	LEGAL & GENERAL	Provider Telephone	
Provider Address			
Estimated Transfer	£ 21129.98	Is this the full value of your plan?	<input checked="" type="radio"/> Yes / No
Pension Type		Is the transfer in-specie?*	<input checked="" type="radio"/> Yes / No

*If yes please provide details on a separate sheet

Have you already taken any form of benefits from your existing pension scheme:

Yes / ☒ No

If yes, is your fund already entirely in drawdown ☐ OR partially in drawdown ☐

Unknown ☐ If unknown, please contact us or your Financial Advisor to discuss this further

Transfer Details (Please complete for each member / transfer)

Member Name	ANN BENNETT		
Scheme name	P000064319 - GEMS GROUP PERSONAL PENSION		
Policy / Member No	5998840		
Provider Name	SCOTTISH WIDOWS	Provider Telephone	
Provider Address			
Estimated Transfer	£ 2341.24	Is this the full value of your plan?	<input checked="" type="radio"/> Yes / No
Pension Type		Is the transfer in-specie?*	<input checked="" type="radio"/> Yes / No

*If yes please provide details on a separate sheet

Have you already taken any form of benefits from your existing pension scheme:

Yes / ☒ No

If yes, is your fund already entirely in drawdown ☐ OR partially in drawdown ☐

Unknown ☐ If unknown, please contact us or your Financial Advisor to discuss this further

For additional transfers/members please copy this page and attach to the SSAS Application Form.

Contribution Details (Please complete for each member / Contribution)

Full Name

Date of Birth

National Insurance Number

Where more than one member is to contribute, please complete pages 6-9 per member

Protection

Do you have any form of HMRC Protection?

Yes / No

If you have any form of Protection, any contributions you make to this scheme may result in the loss of your Protection. Please seek Financial Advice if you require any further information.

Please provide a copy of the HMRC certificate if applicable.

Source of Funds

Please confirm (tick one) how the contribution is to be funded

From earnings	<input type="checkbox"/>	Savings	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
Winnings	<input type="checkbox"/>	Capital Gain	<input type="checkbox"/>
Gift	<input type="checkbox"/>	Other (please specify below)	<input checked="" type="checkbox"/>

TRANSFER

Eligibility

Occupation	
Approximate Annual Earnings (£)	

Please confirm **ONE** of the list below:

EMPLOYED (chargeable to income tax under Chapter 2 of Part 2 on the Income Tax (Earnings and Pensions Act) 2003).	<input type="checkbox"/>
PENSIONER (chargeable to income tax under Part 9 of the Income Tax (Earnings and Pension) Act 2003).	<input type="checkbox"/>
SELF-EMPLOYED (chargeable to tax under Chapter 2 of Part 2 of the Income Tax (Trading and Other Income) Act 2005).	<input type="checkbox"/>
CHILD (under the age of 16).	<input type="checkbox"/>
OTHER (any individual not falling into one of the categories above). (please also complete below)	<input type="checkbox"/>

If you have selected 'other' from the above list, please confirm (tick one) which of the below statements best applies to you at the relevant date:

Caring for one or more children under age 16	<input type="checkbox"/>
Caring for a person aged 16 or over	<input type="checkbox"/>
In full time education	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Other	<input type="checkbox"/>

Personal Contributions

Complete this section if you are making a contribution to your scheme, or it is being made by a third party other than your employer. Personal and third party contributions should be paid to your SSAS gross. If you are eligible, you can obtain tax relief as part of your self-assessment tax return.

Contribution Amount (Gross):-

Contribution Type:-

Single

☐

Regular

☐

Frequency of regular contributions:-

N/A

☐

Monthly

☐

Quarterly

☐

Annually

☐

Start date of regular contributions:-

N/A

☐

Employer Contributions

This section should be completed where your employer will be making contributions to your scheme.

Company Name

Contact Name

Company Address

Email Address

Telephone No(s).

Contribution Amount (Gross):-

Contribution Type:-

Single

Regular

Frequency of regular contributions:-

N/A

Monthly

Quarterly

Annually*

Start date of regular contributions:-

N/A

Signatory Name

Position in Firm

Signature
of employer

Date _____

Beneficiary Nomination for Death Benefits

Member

Beneficiary Name

Beneficiary Address

Relationship to member

% Share

Beneficiary Name

Beneficiary Address

Relationship to member

% Share

Beneficiary Name

Beneficiary Address

Relationship to member

% Share

Beneficiary Name

Beneficiary Address

Relationship to member

% Share

You can change your nomination at any time by completing a new Nomination of Beneficiary Form.
Please use additional sheets if you wish to appoint more than three beneficiaries.

The Trustees will consider your wishes but shall not necessarily be bound by them. If you do not complete this section the Trustees will exercise their full discretion as to whom your benefits should be paid.

For additional Members, please copy this page and attach to the SSAS application form.

Standing Order Set Up (Please copy this page for any additional Standing Orders)

Your account details

Account Name

Sort Code

Account Number

Payment details

Amount of usual payment

Frequency of payment

Date of first payment

Date of last payment (please specify if no end date)

If the bank receives your form after the first payment date selected above, please tick the following box if you are happy for the bank to make an immediate payment on your behalf to satisfy your first Standing Order payment. ☐

Date of usual payment (if different to first payment)

Amount of first payment (if different to usual amount)

Beneficiary details (Cranfords to complete)

Sort Code

Account Number

Beneficiary Name

Reference (maximum of 18 characters)

Declaration

For and on behalf of

Authorised Signatory*

Authorised Signatory*

Name

Name

Date

Date

*If signing on behalf of a company account this must be in accordance with the Appointment of Bankers /mandate. Otherwise, company applications need to be signed by 2 directors, a director and a company secretary, or the director in the case of a company with a sole director, LLP applications by 2 members, partnership applications by all partners, and sole trader for applications by the sole trader.

Fund Investments

Please provide details of the proposed investments of the fund*

Cash Deposits

Investment Managers,
Stockbrokers Fund Platforms

Directly held funds

Property**

PROPERTY

Loans

Unquoted Shares***

Other****

*Please forward us the relevant completed Application Forms required by the investment provider.

**Please complete our Property Application Form which can be found on the Literature section of our website.

***Please complete our Unquoted Shares Application Form which can be found on the Literature section of our website.

****Please provide additional information where applicable.

Employer Declaration

On behalf of the sponsoring employer, we request that Cranfords establish a Small Self Administered Scheme (the Scheme) and we agree to be bound by the Trust Deed and Rules of the Scheme. We confirm that we are acting in accordance with the Memorandum and Articles of Associate of the Company or Partnership Agreement.

We understand that Cranfords are the Scheme Administrator.

I/We understand that once a contribution has been made to the Scheme, it cannot be returned without incurring a tax charge.

I/We confirm that we have the necessary capacity and authority to enter into this agreement.

I/We acknowledge that we are aware of the risk factors of entering into a SSAS.

I/We understand and agree that Cranfords are entitled to charge fees and expenses for administering the plan. We confirm that we have received a copy of the Fee Schedule current at the date of this application and agree to pay the fees as set out in that Schedule. We understand that the Fee Schedule may change from time to time and agree to the most recent version published on Cranfords website. We understand that the charges represent Cranfords fees and will not be refunded if the plan is closed or transferred on any date other than the anniversary date by giving 30 days notice. We also understand that the fees payable in respect of the plan may be amended or increased from time to time upon reasonable prior notice.

As Cranfords is a trading name, invoices for fees are issued by and payable to Cranfords. We understand that if fees are not met within 28 days, steps will be taken to recover the outstanding fees and that we will be required to cover all costs associated with the recovery of the fees.

I/We understand and agree that Cranfords shall not bear any liability for any tax charge, unauthorised payment charge, lifetime allowance charge (or any other charge under the Finance Act 2004) payable by or in respect of the plan. If any such charge is incurred or such payment is made, we understand and agree that Cranfords shall be entitled to take steps to recover any fees, charges or expenses incurred by them in respect of such liability in the manner described above.


I/We understand that Cranfords will normally correspond with the Financial/Professional Adviser named on page 2 unless we have requested otherwise.

I/We agree to the Advisers fees set out on page 2 to be paid from the SSAS fund.

I/We understand and agree that there will be no earmarking of any assets to particular benefits or members under the plan.

To the best of my/our knowledge and belief the statements included in the application are true and complete.

To be signed by a director of the Principal Employer

Signature		Print Name	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>
Witness	<input type="text"/>	Print Name	<input type="text"/>
Address	<input type="text"/>	Position	<input type="text"/>
		Date	<input type="text"/>

The Risks

As the SSAS provides retirement benefits to its Members on a Money Purchase (Defined Contribution) basis, the level of pension income achievable at the point you wish to retire will depend on a number of factors.

The size of the fund attributable to you at the point you wish to retire: this will be dependent on the amount you invest into your SSAS, through Transfers and Contributions, plus the performance of the underlying investments held by the SSAS, minus any fees and charges incurred along the way.

The timing of your retirement: the values of the underlying investments within the SSAS are likely to fluctuate with Market conditions. The value of an investment can go down as well as up and there is always the risk that you may not get back what you originally put in. If you decide to purchase an Annuity with your retirement funds, then it's important to remember that Annuity Rates also fluctuate with Market conditions.

Pension Tax Legislation: This is subject to change which could be more or less favourable to the growth of your funds within the SSAS and the options available to you at the point you wish to retire.

Tax Rates: Tax Rates are also subject to change and may affect the Net Retirement Income that you receive.

Some investments are a higher risk than others and you should understand the risk profile of the underlying investments.

We offer an execution-only service, and as such we do not provide any form of regulated advice.

We would recommend that anyone considering transferring existing pension benefits into a SSAS or carrying out their duties as a Trustee of a SSAS, seek advice from a suitably Authorised and Regulated Adviser.

Declaration

I am aware of the current limits and allowances regarding tax relief. I declare that:

- a) The total contributions that have been or will be paid to any registered pension scheme in respect of which I am entitled to tax relief under section 188 of the Finance Act 2004 will not exceed the higher of the following:
 - The basic amount (£3,600); or my "relevant UK earnings" for the tax year in question, within the meaning of section 189 of the Finance Act 2004.
- b) The declaration & information I have given in this application is, to the best of my knowledge and belief, correct and not misleading.
- c) I will give notice to Cranfords in writing by the end of the tax year (5th April) or within 30 days (whichever is later) if there is a change in:
 - my residency status, other personal information such as a change of name or permanent residential address and/or status affecting qualification for tax relief.
- d) You have our authority to complete any Anti Money-Laundering checks on parties making contributions as required.

Data Protection Act 1998

We understand and agree that:

Information about our SSAS will be held by 3110950 Limited for business analysis, fraud prevention and to keep accurate and up to date records. Under the Data Protection Act, we can ask to see copy of the personal information held about us by writing to 3110950 Limited. We understand that this will involve payment of a fee.

Where we act as Data Controllers, we will register under the terms of the Data Protection Act. Information will be held after you no longer act for us.

Any information will be held in the strictest confidence and is subject of the provisions of Data Protection legislation.

It is a serious offence to make false statements.

General Declaration

I/We hereby apply to become a member of the Scheme referred to above and I agree to be bound by the Trust Deed and Rules, as amended from time to time.

I/We declare that the information provided in this application form, and any other documents completed in connection with this application, is/are to the best of my knowledge and belief, correct and complete.

I/We will not require, nor attempt to require, the withdrawal of funds held to provide benefits for me under the Scheme, or the income on those funds, other than in accordance with the rules of the Scheme. In the event that an unauthorised payment is made, I/we agree to the scheme administrator deducting the amount of any scheme sanction charge, or other charge, levied by HMRC on the scheme administrator from the funds held for me/us under the Scheme in order to pay that charge to HMRC. If there are insufficient funds held for me/us under the Scheme, I/we agree to pay the scheme administrator the amount by which the charge exceeds the value of my funds under the Scheme.

I/We are not aware of any reason why I am/we are not permitted to act in the capacity of Trustee.

I/We agree to the fee structure set out in the Fee Schedule and understand that the appropriate fees may be paid to Cranfords by withdrawal from my/our Scheme Fund.

I/We agree that where there are insufficient funds available in my/our Scheme to cover your fees in full, these will be settled by encashment/surrender/sale of other assets held by the Scheme and that payment will not be unreasonably withheld.

I/We agree to the appointment of the Adviser named on page 2 and agree that investment instructions given by the Adviser to Cranfords are made on my/our behalf with my/our full knowledge and consent. I/We agree to the Adviser's fees set out above being paid from my/our Scheme funds by Cranfords.

I/We agree and accept to the liability and indemnity clause in the Trust Deed and Rules of the Scheme.

I/We have read and understood the risk warnings.

Where I/We have received financial advice, I/we confirm we have received the appropriate risk warnings.

Data Protection Act 1998 - Your Information

We will use the information provided to check your identity, and that of any other person providing funds on behalf of an investment made in your name. Our checks are recorded. We use scoring methods to verify your identity as this provides a thorough check of the available data. If you supply false or inaccurate information and we suspect fraud, we will inform the fraud prevention agencies. If we cannot verify your identity by electronic means, we may ask you for additional information.

Please write to us at the address provided in this Application Form if you want a copy of the identity check report, you have a legal right to these details. We may charge a fee for providing the information. You have a right on payment of a fee to receive a copy of the information we hold about you if you apply to us in writing.

Any information supplied by you will be treated in the strictest of confidence and will be held in accordance with the Data Protection Act 1998.

Bank Account

I/We understand that a pension scheme bank account will be established on behalf of my/our Scheme with the bank.

I/We agree and provide confirmation to Cranfords to instruct payments on my account for the following reasons:

1. Payment of my fees for the administration of my pension scheme
2. To place investments from my pension scheme into investments that I have selected and completed a signed application for
3. In respect of my pension benefits when I elect to retire
4. Any tax or VAT due to HMRC
5. Any other payment in line with the administration of my pension scheme

Trustee Terms

I agree to my/our appointment as trustee and understand that:

1. the main purpose of the Scheme must be the provision of retirement and death benefits;
2. the trustee has general duties under the law and specific duties imposed by the Trust Deed and Rules. A trustee must be aware of the liabilities of the trust and any limitations imposed by HMRC;
3. the trustees have a duty to invest trust assets in the best interests of the beneficiaries and to act as a prudent person would when investing on their own behalf; and
4. under trust law all trustees of a trust are jointly responsible for the administration and management of the trust assets whether or not any duties have been delegated to a third party;

Finance Act 2004

For information, the receiving scheme is a registered pension scheme under Finance Act 2004.

Transfers

I/We authorise my previous company scheme provider, or any insurer or other pension provider and HMRC to disclose to 3110950 Ltd t/a Cranfords any details they request about the benefits provided for me/us.

I/We understand that, in the case of a transfer of a pension arrangement which is paying retirement benefits in the form of income drawdown, the Scheme must continue to apply the same maximum income, the same income year and same review dates that applied under the transferring scheme.

I/We hereby request and consent to the payment of the transfer value(s) from my/our previous scheme/arrangement(s) to the Scheme. I/We understand that the transfer may only be applied to pay benefits at the time I/we take my/our retirement or on my/our death. I/we agree and consent to Cranfords providing the transferring scheme provider with details of the SSAS when requested to facilitate the transfer.

Request For Transfers

I authorise and instruct you to transfer sums and assets from the plan as listed in the appropriate section of this application directly to Cranfords and to provide any instructions and/or discharge required by any third party to do so.

Where you have asked me to give you any original policy document[s] in return for the transfer of sums and assets and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.

I authorise Cranfords, the current provider and any other Financial Intermediary named in this application to obtain information from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Cranfords.

I authorised Cranfords, the current provider and any employer paying contributions to any of the plans listed in the appropriate section of this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Cranfords.

Until this application is accepted and complete, the receiving scheme administrator's responsibility is limited to the return of the total payment[s] to the current providers.

Where the payment[s] made to receiving scheme represents all of the sums and assets under the plan[s] listed in this form, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan[s] listed.

Where the payment[s] made to the receiving scheme represents part of the sums and assets under the plan listed in the appropriate section of this form, then the payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan[s] represented by the payments.

I promise to accept responsibility in respect of any claims, losses and expenses that Cranfords and the current provider may incur as a result of any incorrect information provided by me in this application or any failure on my part to comply with any aspect of this application.

If I've taken any benefits from any pension arrangement, with the current or any other pension provider, in a way which means that I am subject to the Money Purchase Annual Allowance [MPAA], I have supplied the date the MPAA first applied to me in this application form.

I apply to the scheme administrator of the receiving scheme to accept the transfer from the transferring scheme and to pay it into my SSAS. I confirm that the information provided relevant to my application to transfer benefits into my SSAS is correct and complete, to the best of my knowledge and belief.

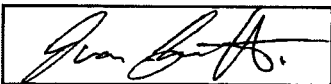
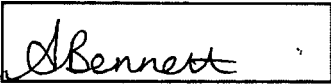
Continued Overleaf

Request For Transfers (Continued)

I confirm that any adviser charges must be paid in accordance with the adviser charges option selected previously.

I confirm that I have not received any advice or recommendation in relation to the transfer from a representative of Cranfords.

I/We agree to act as Trustee and accept the duties and responsibilities of Trustee as set out in the Trust Deed and Rules.

Member Trustee Name	<div></div>	Signature	<div></div>	Date	<div></div>
Member Trustee Name	<div></div>	Signature	<div></div>	Date	<div></div>
Member Trustee Name	<div></div>	Signature	<div></div>	Date	<div></div>
Member Trustee Name	<div></div>	Signature	<div></div>	Date	<div></div>

Date of Deed: 19th July 2018

Deed of Appointment of Trustee

PTJ Pension Scheme

Parties

- 1 **Bentgate Properties Limited** (Company No. 04097118) (the 'Principal Employer') of 7 Stamford Square, Ashton Under Lyne, Lancashire, OL6 6QU
- 2 **Paul Booth and Tracey Jane Booth** both of 3 Bentgate Close, Newhey, Rochdale, Lancashire, OL16 4NB (the 'Continuing Trustees')
- 3 **Ivan Bennett** of 137 Hodge Clough Road, Oldham, Lancashire, OL1 4PX and **Ann Bennett** of 137 Hodge Clough Road, Oldham, Lancashire, OL1 4PX (in this deed called the 'New Trustees')

Recitals

- (A) **PTJ Pension Scheme** (in this Deed called the 'Scheme') is a pension scheme which is now governed by a Definitive Trust Deed and rules dated 15th March 2013 (in this Deed called the 'Existing Provisions') and all subsequent amending documentation.
- (B) It is intended that the New Trustees be appointed as trustee of the Scheme
- (C) Under Rule 4.1 of the Existing Provisions, the power to appoint a Trustee is vested in the Principal Employer.


Operative provisions


- 1 Pursuant to Rule 4.1 of the Existing Provisions the Principal Employer appoints the New Trustees to the Scheme. The New Trustees consents to their appointment.
- 2 The parties agree to take all reasonable steps to vest in the Continuing Trustees and the New Trustees the trusts of the Scheme and all of the assets of the Scheme.
- 3 The provisions of this deed shall have effect on and from its date.

IN WITNESS OF WHICH this document is executed as a deed and is delivered on the date stated above.

SIGNED as a deed, and delivered when dated,
by **Bentgate Properties Limited** acting by


Director Signature: 
Name : PAUL BOOTH.

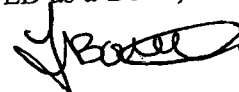
Witness Signature: 
Name : H. BURBIDGE
Address : 9 PHILLIMORE ST, LEES, OL4 5BZ

SIGNED as a Deed , and delivered when dated,
by 

(signature)


Paul Booth in the presence of:

Witness Signature: 
Name : H. BURBIDGE
Address : 9 PHILLIMORE ST, LEES, OL4 5BZ


SIGNED as a Deed , and delivered when dated,
by 

(signature)


Tracey Jane Booth in the presence of:

Witness Signature: 
Name : H. BURBIDGE
Address : 9 PHILLIMORE ST, LEES, OL4 5BZ

SIGNED as a Deed , and delivered when dated,
by

(signature) 

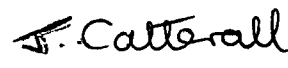
Ivan Bennett in the presence of:

Witness Signature: 
Name : JOHN WALKER
Address : STONEHAVEN BOLTON RD
 HAWKSHAW BURY
 BL8 4JN

SIGNED as a Deed , and delivered when dated,
by

(signature) 

Ann Bennett in the presence of:

Witness Signature: 
Name : J. CATTERALL
Address : 62, NEWSHAM RD
 STOCKPORT
 SK3 8GN

Nomination of beneficiary form

Scheme Name: **PTJ Pension Scheme** (hereinafter referred to as the scheme)

Personal details:

Full name including title: Mrs Ann Bennett

Date of birth: 14/09/1969

In the event of my death, I, the member of the scheme in trust, request that the funds should be paid to (please refer to the notes below):

Name: JACKSON BENNETT Address: 137 HODGE CLOUGH RD OLDHAM OL1 4PX Proportion % 50	Name: SEAMUS ZANE BENNETT Address: 137 HODGE CLOUGH RD OLDHAM OL1 4PX Proportion % 50
Name: Address: Proportion %	Name: Address: Proportion %

Declaration

I confirm that:

- i) this supersedes all previous beneficiary nominations; and
- ii) I may revoke this request at any time by submitting a new form to the scheme Administrator

Signature of member:



Date:

Notes:

The member's estate cannot be nominated.

If the member does not complete a nomination form the death benefit would be payable to (or may be applied for the benefit of) such one or more of the member's dependants or named class as the nominated trustee decides, acting in accordance with the governing Trust Deed and Rules.

Nomination of beneficiary form

Scheme Name: **PTJ Pension Scheme** (hereinafter referred to as the scheme)

Personal details:

Full name including title: Ivan Bennett

Date of birth: 9th October 1966

In the event of my death, I, the member of the scheme in trust, request that the funds should be paid to (please refer to the notes below):

Name: JACKSON BENNETT Address: 137 HODGE CLOUGH RD OLDHAM OL1 4PX Proportion % 50	Name: SEAMUS ZWE BENNETT Address: 137 HODGE CLOUGH RD OLDHAM OL1 4PX Proportion % 50%
Name: Address: Proportion %	Name: Address: Proportion %

Declaration

I confirm that:

- i) this supersedes all previous beneficiary nominations; and
- ii) I may revoke this request at any time by submitting a new form to the scheme Administrator

Signature of member:

 Date:

Notes:

The member's estate cannot be nominated.

If the member does not complete a nomination form the death benefit would be payable to (or may be applied for the benefit of) such one or more of the member's dependants or named class as the nominated trustee decides, acting in accordance with the governing Trust Deed and Rules.

Mr Ivan Bennett
137 Hodge Clough Road
Oldham
Lancashire
OL1 4PX

19th July 2018

Dear Mr Bennett,

PTJ Pension Scheme ("the Scheme")

This letter outlines the features of the Scheme as they would apply to you and invites you to become a member.

CONSTITUTION

The Scheme is to be a registered pension scheme within the meaning of Part 4 of the Finance Act 2004, governed by rules adopted by a deed dated 15th March 2013 ("the Rules") and administered by the trustees for the time being ("the Trustees"). The Rules will over-ride this letter in the event of any conflict between them. References to specific Rules are given for convenience in some of the headings below.

ADMISSION TO MEMBERSHIP (Rule 16)

Admission to the Scheme is at the discretion of the Company

CONTRIBUTIONS (Rule 17)

The Rules allow members, their employers and you to make contributions to the Scheme. The Rules do not make contributions by any person compulsory.

INDIVIDUAL FUNDS

Each Member of the Scheme has an "Individual Fund", built up through (i) contributions by/in respect of the Member and (ii) any transfer payments in respect of the Member from other schemes, adjusted to take account of the investment experience of the Scheme.

All benefits paid to or in respect of a Member are paid out of (and therefore their amount is limited by) his Individual Fund.

The Individual Fund will be further limited by the lifetime allowance, which at the date of this letter is £1.03 million.

BENEFITS FOR MEMBER (Rule 19)

The latest age at which benefits may be drawn is 77 and the earliest age is usually 55 but you may be able to draw benefits earlier if you suffer from incapacity or serious ill-health, or if you had an unusually low normal retirement age under the previous tax regime.

The Rules allow you to take benefits at any age consistent with this new tax regime. "Retirement" in this letter means simply drawing benefits during your lifetime.

On retirement, your Individual Fund will be applied by the Trustees to provide - at your request - a lump sum, which is payable free of income tax under current law. The maximum lump sum is usually 25% of the Individual Fund, but may be more or less in some cases, particularly for members with "transitional protection" of rights built up before A-day.

The remainder of your Individual Fund will then be designated to provide pension in the form of income withdrawal. This is essentially a pension drawn from the Individual Fund, and can be flexibly accessed.

When you reach age 77 the ability to draw an initial lump sum is lost.

BENEFITS ON DEATH (Rule 20)

On your death, the Trustees will use your Individual Fund to provide lump sum benefits and/or pensions for your dependants and other beneficiaries in accordance with the Rules.

The Rules give the Trustees wide discretion as to both the form of benefits and the recipients:

- pensions can be provided for dependants (which includes spouses and civil partners, children up to age 23 and others actually dependent on you) or other nominated beneficiaries;
- lump sums can be paid to any person.
- Some or all of your fund can be paid to a registered charity.

STATE PENSION ARRANGEMENTS

The Scheme is not contracted out of the State Second Pension Scheme.

TERMINATION (Rule 14)

The Scheme may be terminated in accordance with the Rules. In the event of its termination the assets of the Scheme will be applied for the benefit of Members having regard to their respective Individual Funds.

AMENDMENT (Rule 3)

The power to amend the Scheme may be exercised by the Principal Employer

ENQUIRIES / PROBLEMS

General enquiries about the Scheme or about your entitlement to benefit should be directed to the Administrator at 48 Chorley New Road, Bolton, BL1 4AP.

OPAS (The Pensions Advisory Service) is available at any time to assist members and beneficiaries of the Scheme in connection with any pensions query they may have, or any difficulty which they have failed to resolve with the Trustees or the administrators of the Scheme.

The Pensions Ombudsman appointed under section 145(2) of the Pension Schemes Act 1993 may investigate and determine any complaint or dispute of fact or law in relation to an occupational pension scheme made or referred in accordance with that Act.

Both OPAS and the Pensions Ombudsman may be contacted at 11 Belgrave Road, London SW1V 1RB.

The Pensions Regulator is able to intervene in the running of schemes where trustees, employers or professional advisers have failed in their duties.

The Pensions Regulator may be contacted at Napier House, Trafalgar Place, Brighton BN1 4DW.

DATA PROTECTION

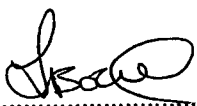
The Trustees are a "data controller" for data held about you in connection with the Scheme. This data may be used for any reasonable purpose connected with the administration of the Scheme, including decisions about the amount of benefits and eligibility for those benefits.

Data may be disclosed to delegates, agents and professional advisers but will otherwise be disclosed only with your consent or as required by law.

You are entitled on request to see copies of any personal data held about you, and to be told its source.

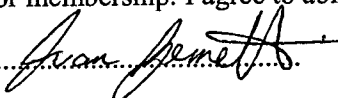
APPLICATION FOR MEMBERSHIP

If you wish to apply for membership of the Scheme, please sign and return this letter.

Signed  Name Tracy Booth

(Authorised signatory of Bentgate Properties Limited)

I apply for membership. I agree to abide by the terms of this letter and the Rules.

Signed  Ivan Bennett

Date

Mrs Ann Bennett
137 Hodge Clough Road
Oldham
Lancashire
OL1 4PX

19th July

2018

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Data may be disclosed to delegates, agents and professional advisers but will otherwise be disclosed only with your consent or as required by law.

You are entitled on request to see copies of any personal data held about you, and to be told its source.

APPLICATION FOR MEMBERSHIP

If you wish to apply for membership of the Scheme, please sign and return this letter.

Signed  Name PAUL BENNETT

(Authorised signatory of Bentgate Properties Limited)

I apply for membership. I agree to abide by the terms of this letter and the Rules.

Signed Ann Bennett Ann Bennett

Date 19/07/2018