



Client Declaration

For transfers into a St. James's Place Retirement Account

Please complete in block capitals and black ink

Client, Partner and Transferring Scheme Details											
Client Full Name	Noyan Nihat										
Partner Name	Duncan Taylor										
Partner Code	910589W										
Do you have an existing St. James's Place Retirement Account?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
If Yes, what is your account number?	<table><tr><td>R</td><td>A</td><td>2</td><td>3</td><td>9</td><td>5</td><td>3</td><td>2</td><td>4</td><td>3</td></tr></table>	R	A	2	3	9	5	3	2	4	3
R	A	2	3	9	5	3	2	4	3		

Name of Transferring Scheme(s)	Full Transfer	Partial Transfer	Plan Numbers
SSAS - CARLTON JAMES RETIREMENT FUND	YES		(N/A) SCHEME ASTR NUMBER: 00815782RM

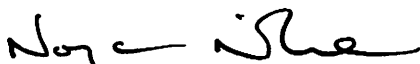
Client Declaration

To the Existing Pension Scheme(s) Administrators

- I authorise and instruct you to transfer sums and assets from the Scheme(s) above directly to St. James's Place and to provide any instructions and/or discharge required by any relevant 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 transfer(s) from the scheme(s) above.
- I authorise you and St James's Place 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 St. James's Place.
- I authorise you to obtain from and release to my St. James's Place Partner any additional information that may be required to enable the transfer of sums and assets.
- I authorise you, St. James's Place and any employer paying contributions to any of the Scheme(s) above, 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 St. James's Place.
- Where the payment(s) made to St. James's Place represent(s) all of the sums and assets under the Scheme(s) above, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the Scheme(s) listed above.
- Where the payment(s) made to St. James's Place represent(s) part of the sums and assets under the Scheme(s) above then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the Scheme(s) represented by the payment.

To St. James's Place and Existing Pension Provider

1. I promise to accept responsibility in respect of any claims, losses and expenses that St. James's Place and the current provider(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.
2. I consent to St. James's Place giving to or obtaining from the administrator or insurer of the transferring arrangement or others, such further information as may be reasonably necessary for the installation and administration of any Plan set up as a result of the transfer.
3. I agree that until this application is accepted and complete, the responsibility of St. James's Place is limited to the return of the total payment(s) to the current Scheme Administrator.

Signatures**Signature of Client**



Date 28/06/2024

Please print your title and name

Mr Noyan Nihat


Daytime phone number (including area code)

07764222007

Signature of Power of Attorney


Date

Please print your title and name



Daytime phone number (including area code)


Signature of Trustee in Bankruptcy


Date

Please print your title and name



Daytime phone number (including area code)


Signed for and on behalf of the Trustees


Date

Please print your title and name



Daytime phone number (including area code)



To be completed if the Client is under 18

1. I confirm I am the parent/legal guardian of the above-named Client.
2. I understand that I will be responsible for the Retirement Account until the Client reaches 18.
3. I understand that the transfer paid to the Retirement Account may only be returned to the Client in the form of benefits payable under the rules of the scheme.

Signature of Parent or Legal Guardian


Date

Please print your title and name



Daytime phone number (including area code)



The 'St. James's Place Partnership' and the titles 'Partner' and 'Partner Practice' are marketing terms used to describe St. James's Place representatives. Members of the St. James's Place Partnership in the UK represent St. James's Place Wealth Management plc, which is authorised and regulated by the Financial Conduct Authority. St. James's Place UK plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. St. James's Place UK plc Registered Office: St. James's Place House, 1 Tetbury Road, Cirencester, Gloucestershire, GL7 1FP, United Kingdom.

Registered in England Number 2628062.