## **Transact Pension Transfer Out Warranty**

Section A - Plan Deta	ils	
Client Name	Miss Lisa Kent	
Plan Type	SIPP	
Membership Certificate Number	000-0836-460	
Transact Portfolio Number	007-294-544	
Current Value (Not guaranteed)	Pension Rights	£
	Section 9(2b) Rights	£
	TOTAL TRANSFER VALUE	£7,831.89
Valuation Date  None of the benefits from this to  Please Note	ransfer are subject to an 'earmark	ing' order.
<ul> <li>The actual transfer value will of funds are disinvested and the quarter.</li> <li>Please indicate if existing asse</li> </ul>	lepend on the value of the assets held amount of any outstanding charges in ts are to be transferred:	on the day that the current
If P Partial trar	II all assets and convert to cash prior to trans artial transfer required, please provide % of nsferred. <b>Please Note</b> , partial transfers are o rual or partial annuity transfers	benefits to be

## Section A - Plan Details Contd.

**Pension Details** 

Income Commencement Date	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date of Last Review	,	
Max GAD Income		
Amount of Lifetime Allowance Used	%(where appropriate)	
Transact Scheme Deta	iils	
PSTR Number	00605455RP	
	red Pension Scheme approved under Part 4 of the oved Personal Pension scheme under Chapter IV of Part	
Member Declaration	2 (Automotive and a control of the co	
	Limited pay the current value of the benefits I have ension to the receiving arrangement indicated in	
	nts a full discharge of all the benefits in the policy and no further liability or obligation in respect of the policy.	
Signed	Date	
flent.	13 /03 / 2019	

## **Section B - Receiving Scheme Declaration** Miss Lisa Kent Members Name NW405226B NI Number Name of Scheme DC Pension Scheme Plan Number (if known) We undertake that the receiving Scheme is: A UK Registered Scheme: this is a scheme which is registered by HM Revenue & Customs under Part 4 of the Finance Act 2004, (including existing schemes that automatically acquire this new registered status on 6th April 2006). The HMRC. Reference is: SF/PSTR \_\_\_\_\_\_ / 00823839RH A Qualifying Recognised Overseas Scheme: for a recognised overseas scheme to become a 'Qualifying ' scheme and retain qualifying status, the scheme manager must provide information and evidence that: The scheme satisfies all of the requirements as described below for a Recognised Overseas Scheme Undertake to notify HM Revenue & Customs if the scheme ceases to be a Recognised Overseas Scheme and supply them with information when making payments to certain scheme members. We enclose a copy of the acceptance letter from HMRC Audit and Pension Scheme Services confirming the receiving scheme is a Qualifying Registered Pension Scheme. (Please tick this box to confirm the letter is enclosed). Transact is unable to transfer benefits to any other type of scheme. I declare that the receiving scheme is prepared to accept the transfer payment and that it will be used to provide appropriate retirement benefits within the receiving arrangement.

00823839RH

Scheme Particulars

Registered Pension Scheme Number

(Please note that where transfers are being made to the provider/insurer).	other insured schemes, payment will only be made to
Name and address of pension provider or sch	eme to which transfer is to be made.
Pension Practitioner.Com	THE RESIDENCE OF THE PROPERTY
48 Chorley New Road	A SAME AND
Bolton	
a contract of the contract of	Postcode BL1 4AP
Account Name	
DC Pension Scheme	
	700000000000000000000000000000000000000
Bank Name and Address	*APP**********************************
Allied Irish Bank	
St James's House Charlotte Street	
Lancashire	Postcode: M1 4DZ
Lancasinic	1 Ostcode, WT 4DZ
Sort Code	Account Number
2 3 - 8 3 - 9 6	0 4 9 1 9 0 8 8
Payment	Reference
DC/LKen	ıt .
NB: If unable to accept payment via BACS	, please contact Transact directly to advise.
<b>Declaration</b> I/we* confirm that the information given in semy/our* knowledge and belief. (*Delete where appropriate)	ection B above is accurate to the best of
Signed for and on behalf of the receiving	
scheme	Date
Address and the second	/ /
Print Name	Position
Company Stamp	

**Payment Details**