

When the form is complete please return to:

Customer Service – TMO/TRANSFER/IN
SERVICE (ABS)
Friends Life
Friends Life Centre
PO Box 1810
Bristol
BS99 5SN

15 November 2016

Member: Mr Richard Cameron Fillan
Scheme name: FILLANS & SONS LIMITED
DIRECTORS PENSION SCHEME
Scheme number: C11853
Policy numbers: EE129451 & EE197241

Transfer Discharge Form

Pension Transfers (TMO/ABS)

Important notes

This form is to be completed when you decide that Friends Life are to pay the whole or part of the fund into another registered pension scheme, the first part of the form is a discharge to allow Friends Life to release funds.

If the intention is to use the whole fund (or balance fund after payment of a tax free cash sum by Friends Life) to purchase a Lifetime Annuity or the fund is to be placed directly into Unsecured Income then please do not complete and return this form, call us and we will send the correct forms for completion.

Transfer Request

This part of the form is to be completed by the trustees of the transferring scheme

Is this the transfer of unsecured income after payment of the tax free cash by Friends Life to unsecured income under another	Yes*	No*
---	-----------------	------------

Is the intention to purchase a Lifetime Annuity with the balance fund after the payment of Tax Free Cash by Friends Life under this	Yes*	No*
---	-----------------	------------

*** If the answer to either of these questions is yes then please contact us immediately as this form is not the correct form for this type of transaction.**

Name of policyholder/scheme member	RICHARD CAMERON FILLAN
Policy number(s)	EE129451 & EE197241
Name of registered pension scheme receiving the transfer	FILLAN & SONS LTD SSAS
Contact name	EMMA DANE
Name and address of insurer Administrator	CRANFORDS, 48 CHORLEY NEW Rd, BOLTON, BL1 4AP
Telephone number	0844 410 0037
Fax number	—

Discharge/Disclaimer/Undertaking Friends Life Services Limited, PO Box 582, Bristol, BS34 9FX. Telephone: 0117 989 9000

Friends Life Services Limited. An incorporated company limited by shares and registered in England and Wales, number 3424940. Registered office: Pixham End, Dorking, Surrey, RH4 1QA.
Authorised and regulated by the Financial Conduct Authority. Telephone calls may be recorded.

Friends Life is a registered trade mark of the Friends Life group.

Transfer Declaration

- ☒ Please pay the transfer value (including Protected Rights benefits*) in respect of the scheme member direct to the trustees/scheme administrators of the receiving registered pension scheme. If, after transfer no benefits remain under the policy(ies) listed please cancel them. If the receiving scheme is fully insured, please pay direct to the insurance company instead. If the receiving scheme is partly or not insured e.g. a Self Invested Personal Pension (SIPP), please pay to the scheme administrator or provider instead. If the receiving scheme is a SSAS, please make payment directly into the SSAS bank account. *(*delete, if inappropriate)*
- ☒ The Friends Life policy documents are returned for cancellation, or, if the policy documents cannot be found I/we note that Friends Life may exceptionally pay a transfer without the policy documents being returned to them. In this case I/we the trustees hereby agree to indemnify any company in the Friends Life group for any claims, losses, costs, damages and demands arising in connection with this policy following Friends Life paying the benefits without us producing the policy document. I/we declare that the policy has not been assigned, mortgaged or dealt with in any way and that I/we are entitled to the policy proceeds.
- ☒ I/we the trustees understand that HM Revenue & Customs require Friends Life to make the transfer payment direct to the other insurance company, scheme administrator or trustees of the receiving registered pension scheme as appropriate. It is not possible to surrender these benefits for cash.
- ☒ I/we the trustees understand that it is my/our responsibility to ensure that the proposed recipient of the transfer is a tax advantaged arrangement to which HM Revenue & Customs permit a transfer to be made. I/We have satisfied myself/ourselves that the receiving scheme is such an arrangement
- ☒ I/we the trustees confirm that we have made the member aware that if they were a member of the scheme before 6 April 2006 they may lose any entitlement to a higher amount of tax-free cash which is currently protected
- ☒ I/we the trustees confirm that I/we have made the member aware that they may lose any rights to take their pension benefits prior to age 55.

Anti Money Laundering

- ☒ To comply with anti money laundering requirements, we may verify the identity of the Trustees by carrying out an online check with a reference agency. Friends Life offers this service as part of its commitment to treat its customers fairly and to make it easier for you to do business with us. The agency will add a note to your reference file to show that an identity check has been made. Friends Life will not share the results of any electronic verification checks carried out by its chosen reference agency with any third parties. If successful, a copy of the results will be held on our systems to evidence that your identity has been verified.

Discharge/Disclaimer/Undertaking

Friends Life Services Limited, PO Box 582, Bristol, BS34 9FX. Telephone: 0117 989 9000
 Friends Life Services Limited. An incorporated company limited by shares and registered in England and Wales, number 3424940. Registered office: Pixham End, Dorking, Surrey, RH4 1QA.
 Authorised and regulated by the Financial Conduct Authority. Telephone calls may be recorded.
 Friends Life is a registered trade mark of the Friends Life group.

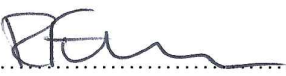
Market Value Reduction (MVR)

Please tick the box if you would like us to inform you if a MVR is to be applied to the With Profits fund on transfer.

☐ Please confirm any MVR that is to be applied before making the Transfer payment.

Trustees please sign and date below

This form is to be completed by the parties named below, or by **any two** authorised signatory (e.g. Company Secretary/Director) for and on behalf of the Employer where no parties are named below.

Signature.....
 Trustee Name.....
 Position..... RICHARD GILLAN
 Home Address..... 53 TOTTERIES (TOTTER), HOLMFIRTH
 Date of Birth..... 8/10/63
 Date Signed..... 29/3/2017

Signature.....
 Trustee Name.....
 Position.....
 Home Address.....
 Date of Birth...../...../
 Date Signed...../...../

Signature.....
 Trustee Name.....
 Position.....
 Home Address.....
 Date of Birth...../...../
 Date Signed...../...../

Signature.....
 Trustee Name.....
 Position.....
 Home Address.....
 Date of Birth...../...../
 Date Signed...../...../

Discharge/Disclaimer/Undertaking

Friends Life Services Limited, PO Box 582, Bristol, BS34 9FX. Telephone: 0117 989 9000
 Friends Life Services Limited. An incorporated company limited by shares and registered in England and Wales, number 3424940. Registered office: Pixham End, Dorking, Surrey, RH4 1QA.
 Authorised and regulated by the Financial Conduct Authority. Telephone calls may be recorded.
 Friends Life is a registered trade mark of the Friends Life group.

When the form is complete please return to:

Customer Service – TMO/TRANSFER/IN
SERVICE (ABS)
Friends Life
Friends Life Centre
PO Box 1810
Bristol
BS99 5SN

15 November 2016

Member: Mr Richard Cameron Fillan
Scheme name: FILLANS & SONS LIMITED
DIRECTORS PENSION SCHEME
Scheme number: C11853
Policy numbers: EE129451 & EE197241

A Day Disclaimer Form

Pension Transfers (TMO/ABS)

Important notes

This form is to be completed by the member to demonstrate to Friends Life that they understand the possible impact on them when their pension is transferred to another registered pension scheme.

Disclaimer

The disclaimer is to be completed by the member


I confirm:

- ☐ I have made the decision to proceed with a transfer without Friends Life calculating my A-day tax-free cash entitlement;
- ☒ I understand that I may have been entitled to higher tax-free cash under my existing policy; and
- ☒ I understand that Friends Life will not be able to reinstate the policy or the tax-free cash entitlement once the transfer has been completed.

I understand that:

- ☒ I may lose my rights to take pension benefits prior to age 55.

Please sign and date below

Signed:	
Name:	Mr Richard Cameron Fillan
Date:	29/3/17

Discharge/Disclaimer/Undertaking

When the form is complete please return to:

Customer Service – TMO/TRANSFER/IN
SERVICE (ABS)
Friends Life
Friends Life Centre
PO Box 1810
Bristol
BS99 5SN

15 November 2016

Member: Mr Richard Cameron Fillan
Scheme name: FILLANS & SONS LIMITED
DIRECTORS PENSION SCHEME
Scheme number: C11853
Policy numbers: EE129451 & EE197241

Transfer Undertaking Form

Pension Transfers (TMO/ABS)

Important notes

This form is to be completed by the receiving scheme administrator/policy provider when you decide that Friends Life are to pay the whole or part of the fund into another registered pension scheme.

If the intention is to use the whole fund (or balance fund after payment of a tax free cash sum by Friends Life) to purchase a Lifetime Annuity or the fund is to be placed directly into Unsecured Income then please do not complete and return this form, call us and we will send the correct forms for completion.

New Provider Undertaking

The undertaking is to be completed by the receiving registered pension scheme administrator/ trustee/ insurance company

Is this the transfer of unsecured income after payment of the tax free cash by Friends Life to unsecured income under another	Yes	No*
---	----------------	------------

Is the intention to purchase a Lifetime Annuity after the payment of Tax Free Cash by Friends Life under this policy	Yes	No*
--	----------------	------------

*** If the answer to either of these questions is yes then please contact us immediately as this form is not the correct form for this type of transaction.**

Full Name of Receiving Scheme	FILLANS & SONS LTD SSAS	
Policy number	FILLANS & SONS LTD SSAS	
Is the Receiving Scheme	Fully Insured / Partly Insured / Not Insured <i>(delete as appropriate)</i>	
Name of Insurer ^{ADMIN} of Receiving Scheme	CRANFORDS	
Pension Scheme Tax Reference (if	00836343 RH	
Scheme Contracted Out Number	N/A	Occupational Only
Employer's Contracted Out Number	N/A	Occupational Only
Type of arrangement (tick as appropriate) <u>SSAS</u>		

Discharge/Disclaimer/Undertaking

Friends Life Services Limited, PO Box 582, Bristol, BS34 9FX. Telephone: 0117 989 9000
Friends Life Services Limited. An incorporated company limited by shares and registered in England and Wales, number 3424940. Registered office: Pixham End, Dorking, Surrey, RH4 1QA.
Authorised and regulated by the Financial Conduct Authority. Telephone calls may be recorded.
Friends Life is a registered trade mark of the Friends Life group.

Is this a transfer of the whole fund to either an immediate vesting or income drawdown arrangement?	Yes	No
---	----------------	-----------

<input checked="" type="checkbox"/> A pension scheme registered under Chapter 2, Part 4 of the Finance Act 2004. (tick / *delete / complete as appropriate)
--

<input type="checkbox"/> A personal pension scheme approved/provisionally approved* under Chapter IV of Part XIV of the Income and Corporation Taxes Act 1988

Appropriate Scheme Certificate Number	
---------------------------------------	--

<input type="checkbox"/> A retirement benefits scheme approved under Chapter 1 of Part XIV of the Income and Corporation Taxes Act 1988 and to which the employer of the individual contributes

Is the scheme?

A small self administered scheme	Yes*	No
----------------------------------	-------------	---------------

A large self administered scheme	Yes	No*
----------------------------------	----------------	------------

<input type="checkbox"/> A policy approved under section 32 of the Income and Corporation Taxes Act 1988.

<input type="checkbox"/> A Statutory Scheme (as defined in Chapter 1, Part 4 of the Finance Act 2004).

<input type="checkbox"/> A qualifying recognised Overseas Pension Scheme. (Different information is required before a transfer can proceed. Please contact Friends Life again to ensure we have sent you all the appropriate forms)
--

INSTRUCTIONS FOR PAYMENT OF TRANSFER BENEFITS

Please note that in accordance with HM Revenue & Customs requirements Friends Life will only pay transfers direct to the Trustees of the receiving arrangement. If the receiving arrangement is fully insured, Friends Life must pay the insurer direct. If the receiving arrangement is a SIPP, Friends Life will pay the SIPP provider or administrator.

The transfer value will be paid by Direct Credit Transfer therefore provide bank details below:

BANK DETAILS FOR DIRECT CREDIT

NAME OF BANK	METRO BANK
ACCOUNT NAME (IN BLOCK CAPITALS)	FILLANS & SONS LTD SSAS
ACCOUNT NUMBER	2 4 6 9 5 4 9 2
SORT CODE	2 3 0 5 8 0

<input checked="" type="checkbox"/> I/We confirm that the receiving scheme is willing to accept a transfer value in respect of any non Protected Rights benefits.

Discharge/Disclaimer/Undertaking

<input checked="" type="checkbox"/>	I/We confirm that the receiving scheme is capable of accepting a transfer value in respect of a member's Protected Rights Benefits (as defined in regulation 3 of the Personal and Occupational Pension Schemes (Protected Rights) regulations 1996) from the transferring scheme.
-------------------------------------	--

<input checked="" type="checkbox"/>	I/We enclose a copy of HM Revenue & Customs registration document ^ and confirm that the scheme has not subsequently been de-registered. (^ Where the scheme was deemed registered from 6 April 2006, this will be the scheme's original approval letter.)
-------------------------------------	--

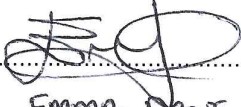
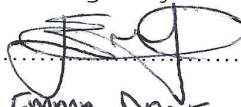
	For large self administered schemes (LSAS). I consent to Friends Life referring this proposed transfer to the HM Revenue & Customs and for them to provide information to Friends Life relating to the approval of the receiving scheme.
--	--

Block Transfer:-

Does this payment form part of a 'Block Transfer' with at least one other member of this registered pension scheme?	<i>Yes</i>	No*
---	------------	------------

If 'Yes' please provide the details of the other member(s) transferring (including policy numbers if possible).	
---	--

If 'Yes' - I/WE confirm that the member has not been in the receiving arrangement for more than 12 months.	Yes*	No*
---	-------------	------------

Signed..... 	Date <u>18/09/2017</u>
Name <u>EMMA DANE</u>	Position/Capacity <u>SENIOR ADMINISTRATOR</u>
If the receiving scheme is a Small Self-Administered Scheme, this form must also be signed by the Special/Independent Trustee (if applicable) below	
As Special/Independent Trustee /Scheme Administrator I confirm that the transfer is to go ahead and that payment should be made directly into a SSAS bank account of which the Special/Independent Trustee is a co-signatory.	
Signed..... 	Date <u>18/09/2017</u>
Name <u>EMMA DANE</u>	Position/Capacity <u>SENIOR ADMINISTRATOR</u>

Contracting Out Benefits

If there are Contracting Out Benefits to be transferred to the new Provider upon receipt of this form we will issue the appropriate HMRC form that the Tax Office will require to update their records for completion.

The completion and return of this form will not delay the payment of the transfer value.

Discharge/Disclaimer/Undertaking

Friends Life Services Limited, PO Box 582, Bristol, BS34 9FX. Telephone: 0117 989 9000
 Friends Life Services Limited. An incorporated company limited by shares and registered in England and Wales, number 3424940. Registered office: Pixham End, Dorking, Surrey, RH4 1QA.
 Authorised and regulated by the Financial Conduct Authority. Telephone calls may be recorded.
 Friends Life is a registered trade mark of the Friends Life group.