



4th April 2017

PRIVATE & CONFIDENTIAL

F.A.O Emily McAlister
Pension Practitioner.Com
Daws House
33-35 Daws Lane
London
NW7 4SD

Dear Emily,

Richard Cameron Fillan – SSAS Set Up

As per our conversation, please find enclosed the original transfer forms, for processing:

- Friends Life discharge form – DD4490799
- Scottish Widows- 3395696
- Friends Life – EE129451 & EE197241

Upon receipt I would request that a confirmation email please be sent to me on sairan@sheards.co.uk.

I trust that everything is in order, however, if you have any further queries please don't hesitate to contact me on 01484 448019.

Kind regards,

Saira Najma
Account Manager
Sheards Wealth Management

REGISTERED OFFICE

Vernon House, 40 New North Road, Huddersfield, HD1 5LS

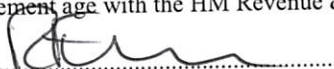
t: **01484 44 80 19** f: **01484 42 77 12**

e: fs@sheards.co.uk [@SheardsWealth](https://twitter.com/SheardsWealth)

www.sheardswealthmanagement.co.uk

TRANSFER DISCHARGE FORM

IMPORTANT - Both Parts A and B MUST be completed to enable a transfer payment to be made – please only return the form when this has been done.

Name: RICHARD C FILLAN		Plan No(s) : DD4490799
PART A – To be completed by the policyholder		
Name of the registered pension scheme receiving the transfer	Pension Practitioner . com	
Is the Receiving Scheme an insured scheme?	* Yes	* No
(*Please delete as appropriate. See definition below.)		
Name of Insurer of Receiving Scheme (Must be completed if the receiving scheme is an insured scheme)		
To Friends Life		
<p>1. Please cancel the policy(ies) listed above and pay the transfer value direct to the trustees/scheme administrators of the receiving registered pension scheme. If the receiving scheme is insured, please pay direct to the insurance company instead. If the receiving scheme is a Self Invested Personal Pension (SIPP), please pay to the scheme administrator.</p> <p>2. I enclose the following items, all of which are required before the units under the above policy(ies) can be cancelled and the transfer payment can be made:</p> <p>(i) this transfer form of request, fully completed and signed by both myself and the trustees/scheme administrators of the receiving registered pension scheme (together with any requested supporting documentation from the receiving registered pension scheme); and</p> <p>(ii) the Friends Life policy documents(s) for cancellation (see paragraph 3, below.)</p> <p>3. I note that Friends Life may exceptionally pay a transfer without the policy(ies) being returned to them. In this case I 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(ies) following Friends Life paying the benefits without me producing the policy document(s). I declare that the policy(ies) has not been assigned, mortgaged or dealt with in any way and that I am entitled to the policy proceeds. <i>(This clause can be deleted if you are enclosing all the policy documents.)</i></p> <p>4. I understand that the 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.</p> <p>5. I understand that compliance with this request shall discharge Friends Life's liability under the above mentioned policy(ies).</p> <p>6. I understand that I may lose any rights to take my pension benefits prior to age 55 if I currently have an agreed lower retirement age with the HM Revenue & Customs as result of my occupation.</p>		
Signed 		Dated 29/03/17

Friends Life, PO BOX 582, Bristol, BS34 9FX

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.

DEFINITIONS FOR RECEIVING SCHEME

Insured Scheme -- An insured scheme is a pension scheme where all the income and other assets are invested in insurance policies.

PART B -- All the following SIX sections (where applicable) to be completed by the receiving registered pension scheme/Insurance Company

This is a transfer from a pension scheme registered with HM Revenue and Customs under Chapter 2, of Part 4 of the Finance Act 2004.

Section One Type of arrangement (Please tick the relevant boxes only)

<input type="checkbox"/>	<p>A pension scheme registered under Chapter 2, Part 4 of the Finance Act 2004. <i>Please enclose a copy of the HM Revenue & Customs registration document * and confirm that the scheme has not subsequently been de-registered.</i> (*Where the scheme was deemed registered from 6th April 2006, this will be the scheme's original approval letter.)</p>
<input type="checkbox"/>	<p>A Statutory Scheme (as defined in Chapter 1, Part 4 of the Finance Act 2004)</p>

Note: A transfer to any other type of arrangement is not a recognised transfer. As result it would be an unauthorised payment resulting in a tax charge. The rules of this Friends Life registered pension scheme will not allow such an event to happen.

Section Two

Full Name of Receiving Scheme.....	
Policy number.....(please ensure that this information is completed)	
Is the Receiving Scheme an insured scheme?	<div style="display: flex; justify-content: space-around;"> * Yes * No </div> <p>(*Please delete as appropriate.)</p>
Name of Insurer of Receiving Scheme (if applicable)	
Pension Scheme Tax Reference (if known).	

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Section Three**INSTRUCTIONS FOR PAYMENT OF TRANSFER BENEFITS****TO AN INSURED SCHEME**

Please note that in accordance with HM Revenue & Customs requirements Friends Life will pay the transfer payment direct to the receiving scheme. Friends Life must pay the new insurance company directly. Our preferred method of payment is direct credit. (See paragraph 4 overleaf.)

TO A NON-INSURED SCHEME

If the payment is not being made to another insurance company, please provide details of cheque payee below.

BANK DETAIL FOR DIRECT CREDIT

NAME OF BANK							
ACCOUNT NAME (IN BLOCK CAPITALS)							
ACCOUNT NUMBER							
SORT CODE	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Address for correspondence, including confirmation that the payment has been made:

.....
.....
.....
.....

If you wish payment to be made by cheque, please provide the following:

Cheque Payee:

Address, if different from above

.....
.....
.....
.....

I enclose a copy of the HM Revenue & Customs ('the Revenue') registration document* and confirm that the scheme has not subsequently been de-registered. (* Where the scheme was deemed registered from 6th April 2006, this will be the scheme's original approval letter.)

I confirm that the receiving scheme is willing to accept the transfer payment.

I consent to Friends Life referring this proposed transfer to the Revenue and for the Revenue to provide information to Friends Life relating to the registration of the receiving scheme.

Signed Date Signed Date

Signed Date Signed Date

(on behalf of the scheme administrator/trustees of the receiving scheme)

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TRANSFER PAYMENTS FROM A PERSONAL PENSION AND STAKEHOLDER PENSION OR RETIREMENT ANNUITY CONTRACTS

Please read the following notes as they outline the most important things you should know about our requirements for making a transfer payment from your Policy.

1. Friends Life

In the Discharge Form we use "Friends Life" to mean whichever of Sun Life Assurance Society plc or AXA Sun Life plc or Friends Life issued your policy(ies).

2. Completion of the Transfer Discharge Form

Both Parts A and B **MUST** be completed to enable a transfer payment to be made:

Part A of the form is for signature by the planholder and gives us authority to make the payment. Please make sure that the Plan numbers for which the payment is required are entered on the form.
Part B of the form is for completion by the receiving Scheme or Insurance Company and will enable us to ensure that the transfer payment is made to a suitable pension arrangement.

3. Anti-Money Laundering Requirements

To comply with Anti Money Laundering requirements, we may verify your identity by carrying out an on-line check with a reference agency. The agency will add a note to your credit file to show that an identity check has been made, but this information will not be available to any third parties and will not affect your credit rating.

We may require further information from you should it become necessary.

4. Cancellation of units

The transfer value will be calculated in line with the terms and conditions following receipt of this fully completed transfer discharge form by both the planholder and the receiving Scheme, together with any requested supporting documentation from the receiving Scheme.

Any incomplete/missing information may delay both the cancellation of units and the transfer to the receiving Scheme.

5. Policy Documentation

This is required to be returned before a transfer payment can be made BUT exceptionally a payment will be made without the policy(ies) being supplied. If the policy documentation is NOT being returned there are NO additional forms for the planholder to complete as completion of Part A will suffice.

6. Instructions for Payment of Transfer Benefits

The safest method for us to pay the transfer is by direct credit. This will give quicker access to the transfer payment without the inconvenience of waiting for and banking a cheque.

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IMPORTANT - The direct credit option is **ONLY** available for payments to other Insurance Companies.

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Quotation of Transfer Value Benefits

Pension Plan	3395696 - Mr R C Fillan
This quotation was produced on	10 October 2016
Quotation of transfer value on	07 October 2016
Value of Units	£16,308.17
Total Transfer Value	£16,308.17

Notes

Please note that where you qualify for a protected retirement age or where you have protected tax free cash this may be lost on transfer. If you have applied to HM Revenue and Customs for Enhanced Protection, this may be lost if the transfer is not a permitted transfer. Please seek financial advice.

All values shown in this quotation are based on the latest information available to Scottish Widows. The actual transfer value will include all contributions received before the date of transfer.

This quotation assumes that the last premium paid was £100.00 gross on 02 January 2015.

The values in this quotation are not guaranteed. The actual value paid will be calculated using the unit values on the day after Scottish Widows receives the final documents required for payment.

Declaration of Claim Discharge

Policy Number(s) : 3395696
Policyholder's Name : MR R C FILLAN

A. Transfer Instructions

If you choose to transfer to another approved pension provider please complete Section E overleaf and ask the Trustees/Administrators of the receiving Scheme/Life Office to complete Section C below.

B. Transfer Value Details

Total amount of transfer value £16,308.17

The total amount of transfer value is not guaranteed. The actual transfer value paid will be calculated on the day after the final documents required for payments are received at Scottish Widows head office (please see policy provisions for further details). Remember that unit values can go down as well as up, so the final amount may be less than the amount quoted above.

While contributions continue, we are unable to process your request to transfer your benefits. You must therefore confirm with your employer and advise us of the date your final contribution will be paid in order for this transfer to proceed

____/____/____

C. Receiving Scheme/Life Office Details

Notes : a) if you would rather receive payment by cheque, please complete your company name and address in the fields below

To be completed by the Trustees/Administrators of the Receiving Scheme/Life Office.

Name of Receiving Scheme/Life Office.....
(The cheque will be made payable to this name)

Address of Receiving scheme.....

..... Post Code

A/c Name.....A/c Number.....Sort Code.....

Reference to be Quoted.....
(if blank National Insurance Number will be quoted)

The transfer value will be paid to:

A registered pension scheme as defined by Part 4 of the Finance Act 2004

☐

Please tick

If the transfer is going to a retirement benefits scheme or a statutory scheme, please state the normal retirement age for the scheme.

☐

Please provide your Pension Scheme Tax Reference.

We agree to accept the transfer as indicated above.

Signed Date

Title/Designation
(for the Trustees/Administrators of the Receiving Scheme/Life Office)

D. Notes

- You may lose any protected tax free cash on transfer.
- If the scheme has applied to HMRC for a protected retirement age, this may be lost on transfer.
- If you have applied to HMRC for Enhanced Protection this may be lost on transfer.
- If you have applied to HMRC for a protected retirement age, this may be lost on transfer.

Should you have any queries relating to the above please seek financial advice.

E. Signature

Complete this section in all cases.

I authorise the transfer to the Scheme/Life Office as detailed overleaf.

This authority will act as my discharge to Scottish Widows in respect of the amount requested to be transferred in section C as soon as the cheque is paid to the receiving Scheme/Life Office.

Signed Date 29/03/17
(Policyholder's signature)

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	
Policy number(s)	
Name of registered pension scheme receiving the transfer	
Contact name	
Name and address of insurer	
Telephone number	
Fax number	

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

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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.

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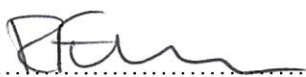
Market Value Reduction (MVR)

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.....
 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.....

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

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

is 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*
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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		
Policy number		
Is the Receiving Scheme	Fully Insured / Partly Insured / Not Insured <i>(delete as appropriate)</i>	
Name of Insurer of Receiving Scheme		
Pension Scheme Tax Reference (if		
Scheme Contracted Out Number		Occupational Only
Employer's Contracted Out Number		Occupational Only
Type of arrangement (tick as appropriate)		

Discharge/Disclaimer/Undertaking

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

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.
--------------------------	--

A Statutory Scheme (as defined in Chapter 1, Part 4 of the Finance Act 2004).
--

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										
ACCOUNT NAME (IN BLOCK CAPITALS)										
ACCOUNT NUMBER										
SORT CODE										

<input 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

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.

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?	Yes*	No*
---	------	-----

If 'Yes' please provide the details of the other member(s) transferring (including policy numbers if possible).	
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If 'Yes' - I/WE confirm that the member has not been in the receiving arrangement for more than 12 months.	Yes*	No*
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Signed.....Date.....

Name.....Position/Capacity.....

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.....

Name.....Position/Capacity.....

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

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