Transact Pension Transfer Out Warranty

Section A - Plan Details

| Client Name | Mr Robert Smith | |
|-------------------------------|----------------------|---------------------|
| Plan Type | SIPP | |
| Membership Certificate Number | 000-0685-428 | |
| Transact Portfolio Number | 287-188-468 | |
| Current Value | Pension Rights | £ |
| (Not guaranteed) | Section 9(2b) Rights | £ |
| | TOTAL TRANSFER VALUE | ₤ 193,771.43 |
| Valuation Date | 31/01/2017 | |

None of the benefits from this transfer are subject to an 'earmarking' order.

Please Note

- · The actual transfer value will depend on the value of the assets held on the day that funds are disinvested and the amount of any outstanding charges in the current quarter.
- Please indicate if existing assets are to be transferred:

| In Specie | | |
|-----------|---|--|
| Cash | | (Sell all assets and convert to cash prior to transfer) |
| Partial | V | If Partial transfer required, please provide % of benefits to be transferred. Please Note, partial transfers are only applicable to accrual or partial annuity transfers |
| | | 90% |

Pension Details N/A Income Commencement Date **Date of Last Review** Max GAD Income Amount of Lifetime Allowance Used%(where appropriate) **Transact Scheme Details PSTR Number** 00605455RP This payment comes from a Registered Pension Scheme approved under Part 4 of the Finance Act 2004. Formerly an approved Personal Pension scheme under Chapter IV of Part XIV of ICTA 1988. **Member Declaration** I hereby request that IntegraLife UK Limited pay the current value of the benefits I have requested in my Transact Personal Pension to the receiving arrangement indicated in Section B below. I confirm that this payment represents a full discharge of all the benefits in the policy and that IntegraLife UK Limited will have no further liability or obligation in respect of the policy. Signed Date

Section A - Plan Details Contd.

1 2 117.

Section B - Receiving Scheme Declaration Members Name Mr Robert Smith

| Members Name | Mr Robert Smith | | |
|--|--|--|--|
| NI Number | NW840005D | | |
| Name of Scheme | Hydon and Grin | n Limited Pension Scheme | |
| Plan Number (if known) | | | |
| We undertake that the receiv | ing Scheme is: | | |
| (a) A UK Registered Scheme under Part 4 of the Finance this new registered status | e ACE 2004, fincludina | nich is registered by HM Revenue & Customs existing schemes that automatically acquire ne HMRC. Reference is: | |
| SF/PSTR/ | | | |
| The scheme satisfies Overseas Scheme Undertake to notify H Overseas Scheme an scheme members. We enclose a copy of Services confirming to | all of the requirement MR Revenue & Custon d supply them with in | for a recognised overseas scheme to become a the scheme manager must provide information ats as described below for a Recognised as if the scheme ceases to be a Recognised aformation when making payments to certain a from HMRC Audit and Pension Scheme is a Qualifying Registered Pension Scheme. | |
| Transact is unable to transfe | r benefits to any o | ther type of scheme. | |
| I declare that the receiving s will be used to provide appro | cheme is prepared priate retirement l | to accept the transfer payment and that it benefits within the receiving arrangement. | |
| Scheme Particulars | | | |
| Registered Pension Scheme Number | | 00819420RH | |

| (Please note that where trans the provider/insurer). | fers are being made to o | other insured schemes, payment will only be made to |
|---|--|---|
| | sion provider or sche รงอล : (๑м | eme to which transfer is to be made. |
| DAWS House, | 33 - 35 DAWS | have, Lowison Postcode Www NW7 USID |
| Account Name | | |
| 144 | DOW AND GRIM | LIMITED PENCION SCHEME |
| Bank Name and Address | | |
| METRO BANK | | |
| ONE SOUTHAMPT | ion Row, Lo. | |
| 2501471,447 | | Postcode WCIB SHA |
| Sort Cod | | Account Number |
| | Payment f | Reference |
| | HGLPS/M9/RS | |
| NB: If unable to accep | pt payment via BACS, | please contact Transact directly to advise. |
| Declaration I/we* confirm that the info my/our* knowledge and b (*Delete where appropriat | elief. | ction B above is accurate to the best of |
| Signed for and on behalf of scheme | of the receiving | Date |
| | | |
| Print-Name VKIN | | Schome Jeministrator |
| Company Stamp | | |
| | Pension Practitio Daws Hous 33-35 Daws H Lendon NW7 | 98 |

Payment Details