



Xafinity PO Box 205 Huddersfield HD8 1ET

15th December 2017

**Dear Sirs** 

Scheme Name:

Istrat Ltd SSA Pension Scheme

Your Reference:

7065812

Member Name:

**Paul Francis Hague** 

The above named member wishes to transfer their pension held with you into the above named pension scheme that we administer.

Please find enclosed the completed Transfer Out Authority Form and a copy of the schemes HMRC Registration Certificate. The PSTR number is 00566788RP.

The transfer value should be paid to the scheme bank account details provided below. I can confirm that we are happy to accept the transfer.

AIB (GB)

**Account Number** 

04690077

Sort Code

23-83-96

Account Name

Istrat Ltd SSAS Pension Scheme

If you have any additional requirements please notify me as soon as possible in order to prevent any delays on the transfer, alternatively i look forward to receiving confirmation that the transfer has completed.

Yours sincerely

Emma Dahe

Senior Pensions Administrator







# TRANSFER OUT AUTHORITY FORM - PART 1 (Authority to Transfer)

MEMBER DETAILS		
Member Name:	Mr P F Hague	
Member Number:	7065812	
National Insurance Number (please confirm):		
Date of Birth (please confirm):		
MEMBER DECLARATION		
To be completed by the member if the Trustees are requested to pay the transfer value available to a Registered Pension Scheme.		
A separate authority is required for each transfer Schemes.	if it is split between different Registered Pension	
To: The Trustees of Capgemini UK Pension Plan		
"I,		
	-0.	
(Title) MR. (Forename1) PAVC (Forename2) FRANCIS (Surname) HAGUE		
This information will used for the purposes of verifying your identity as described in the letter.		
Request that the transfer value of £174,479.00 b Scheme:	e paid to the following Registered Pension	
ISTRAT LTD SSAS PENSION (*Receiving Arrangement Name)	SCHEME	
I acknowledge that, on transfer of benefits to the above arrangement, both myself and my dependants will have no further claim on the Capgemini UK Pension Plan. I also acknowledge that I have read and understand the information provided with regards to pension scams."		
Signed:	Date: 4/12/2017	
EMPLOYMENT DETAILS: If transferring to an Occupational Pension Scheme	e, please provide confirmation of the following:	
Name of Employer:		
Date Employment Commenced:		
Location of Employment:		

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# TRANSFER OUT AUTHORITY FORM - PART 2 (Receiving Arrangement Information)

MEMBER DETAILS			
Member Name:	Mr P F Hague		
Member Number:	7065812		
RECEIVING ARRANGEMENT	T INFORMATION		
To be completed on behalfollowing Scheme informat		eiving Arrangement. Please provide the	
Name of Registered Pe	ension Scheme:	ISTRAT LIMITED SSAS PENSION SCHEME	
Type of Arrangement:		SSAS	
Policy/Ref No. of trans	ferring member:	PLEASE USE SCHEME NAME	
Registered name & nu	mber of Sponsoring Employer:	HAANOLE LTD - 09247593	
HMRC Tax Reference N	lumber (PSTR):	00566788RP	
Pension Scheme Ref N	o. (PSR)	009/106700	
<ul> <li>appropriate, the Connon Contracted-Our indemnity Yes/No</li> <li>A copy of the HM select)</li> <li>A copy of the Reconnormal Reco</li></ul>	ontracting out GMP/Section 92b I t benefit) and any EPB liability wi (Please select) RC and Pensions Regulator's Reg ceiving Arrangement Contracting	Rights (which may be converted to a thout completion of any equalisation is attached: Yes/No (Please  Out Certificate (if the Scheme was ed: Yes/No (Please select) N/A.	onverted PR,
If yes, please provide the i	nformation below:		
Registered name & number	er of Sponsoring Employer:		
Scheme Contracted-out N	lumber (if applicable) - SCON		
Employer Contracted-out	Number (if applicable) - ECON		
	ent is insured, please provide name o a third party) otherwise name of	of insurance company (payment Trustees Scheme account to whom	
Account Name:	ISTRAT LIMITED SSAS	S PENSION SCHEME	
Sort Code:	23-83-96	_	
Account Number:	04690077		
Payment Reference:	MRPF HAGUE		
Signed: (on behalf of the Administ	trator of the Receiving Arrangemen	Date: 15 <sup>Th</sup> DECEMBER 2017	

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## TRANSFER OUT DECLARATION (Financial Advice)

MEMBER DETAILS		
Member Name:	Mr P F Hague	
Member Number:	7065812	
Transfer Value:	£174,479.00	
Transfer Value Calculation Date:	28/11/2017	
MEMBER DECLARATION		
Name of receiving Scheme: ISTRAT LIMITED SSAS PENSION SCHEME		
I confirm that I have taken advice in relation to a transfer to the scheme above from a Financial Conduct Authority (FCA) approved independent financial advisor or an appointed representative:		
Name of Advisor:	3 1	
Signed (Member):		
FINANCIAL ADVISER OR APPOINTED REPRESENTA	ATIVE DECLARATION	
<ul> <li>I have given financial advice to Mr P F Hague in relation to a transfer of benefits from the Capgemini UK Pension Plan to the following Money Purchase arrangement</li> <li>ISTRAT LIMITED SSAS PENSION SCHEME (Name of receiving Scheme)</li> <li>The advice that has been provided is specific to the type of transaction proposed by the above named member</li> <li>I have permission under Part 4A of the Financial Services and Markets Act 2000, or resulting from any other provision of that Act, to carry on the regulated activity in article 53E of the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001</li> </ul>		
Name of Adviser: BUL D. BUT L		
SMETTHERD	39 GRANAM PERAD	
Signed (IFA or appointed representative):  Date: 5/12/2017		
(Financial Services Register) Firm Reference Number: 601622		
Official Stamp: TAG WEALTH MAR RIVERDALE SHEFFIELD \$10		

# TRANSFER OUT DECLARATION (Contracted-out Rights)

MEMBER DETAILS	
Member Name:	Mr P F Hague
Member Number:	7065812

The Cappemini UK Pension Plan is contracted-out of the *State Second Pension* (previously the *State Earnings Related Pension Scheme*) and as such undertakes to provide a minimum level of benefits in a prescribed format, including increases to the pension in payment and the provision of a spouse's pension in the event of death.

If you transfer your benefits to a *Personal Pension Plan*, or to another employer's scheme which is not a *Salary-Related Contracted-out Scheme*, the receiving scheme is not necessarily going to provide benefits in the same format. The transfer can still go ahead, but we are legally required to obtain confirmation from you that you understand that the benefits you will eventually receive may be in a different form and a different amount than the benefits being given up.

Accordingly, please complete the following declaration and return with the rest of the required documents if you wish the transfer to go ahead.

### MEMBER DECLARATION

### I declare that:

- 1. I have received a statement from the receiving scheme showing the benefits to be awarded in respect of the transfer payment.
- I accept that the benefits to be provided by the receiving scheme may be in a different form and of a different amount to those which would have been payable by the transferring scheme.
- I accept that there is no statutory requirement on the receiving scheme to provide for survivor's benefits out of the transfer payment.

Date: 4/12/2017

Signed (Member):

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Audit & Pension Schemes Services
Yorke House
PO Box 62
Castle Meadow Road
Nottingham NG2 1B
Telephone:
Faxa 01 Audit & F. Yorke House PO Box 62 Castle Meadow Road Nottingham NG2 1BG

Saras Arthur Art

Revenue

Audi & Periadra Schemes Servoeg Orde House
PO Box 92
Caste Meagion Road
Notingflem Not2/BB

Telephonic 0119/3/4 0000
Telephonic 0119/3/4 1500
Telephonic 0119/3/4