

Jacqueline Jones  
Penny's cottage  
Tollard Green  
SP5 5PX  
Your Ref: PTC-567  
22 August 2018

FAO  
PAUL - B.

Oak House  
317 Golden Hill Lane  
Leyland  
Lancashire  
PR25 2YJ.

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Mrs Jones

**Re: Transfer of Pension Benefits**  
**The Genwick RBS**

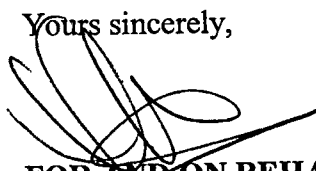
I refer to the above and confirm, as per our previous conversations, that you wish to transfer out the portion of your benefits that are currently invested in Dolphin..

Enclosed please find the relevant transfer discharge documents, which you will need to complete and return at your earliest convenience. The value at conversion was £20,746.08, however we cannot guarantee this value, as the share price can change from one day to the next.

On receipt of the enclosed documents we will advise you of the current fund value and get your final consent to authorise the sale of the shares on your behalf. We will then arrange for your benefits to be transferred out of the scheme as per your instructions.

Assuring you of our best attention at all times.

Yours sincerely,



FOR AND ON BEHALF OF  
PARK VIEW ADMINISTRATION LTD

PAUL - PLEASE TRANSFER

IN-SPECIE. WE DON'T  
WANT TO SELL VORDERS

## Transfer Agreement / Discharge Forms

Name of the transferring scheme	
Name of the member	JACQUELINE JONES
Reference number	
Date of birth	12/12/1965
Guaranteed transfer value	
Guarantee end date	

Transfer of all of the transfer value to:

Name of the receiving scheme: \_\_\_\_\_

PSTR Reference No: \_\_\_\_\_

Type of scheme: Occupational / SIPP / Overseas Pension / Personal Pension / Other (please state)

*\*delete as appropriate*

To be filled in by the administrator of the receiving scheme

Is the receiving scheme currently contracted out? Yes ☐ No ☐

If yes, please complete the box below.

Employer's contracted-out number	
Scheme's contracted-out number	
Date contracted-out employment began	
How any Guaranteed Minimum Pension will be revalued	

We will transfer the payment directly to the receiving scheme's bank account. Please fill in the section below.

### Bank Account:

Name of Bank:	
Name on the Account:	
Bank Address:	
Postcode:	
Account No:	
Sort Code:	

**Guarantee**

We confirm to the Trustee of the transferring scheme that:

- The receiving occupational pension scheme is registered under Chapter 2 of 4 of the Finance Act 2004
- The member is a member of the receiving scheme and the sums transferred will be held in connection with that member.

Signature for and on behalf of the administrator of the receiving scheme:

Print name:

Title:

Date:

**To be filled in by the member**

Please pay all of my cash equivalent under the transferring scheme as a transfer value to the pension plan named on the first page.

- I confirm that I have been accepted as a member of the receiving scheme.
- I confirm that the administrator of the receiving scheme has agreed to accept the transfer and I have received a statement 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 understand that the payment will be instead of the benefits due, or benefits that would have been due to me or for me as a result of me being a member of the transferring Scheme.
- I have not been given any advice by the Scheme or the Trustee about whether or not I should make this request and have had the opportunity to take independent financial advice related to this request.
- I understand that the Trustees and the Scheme will not consider whether or not the transfer that I have requested is in my interest and will not consider the interests of any of my relatives or dependants.
- I acknowledge that, in complying with my request, the Trustee and sponsoring employer(s) will be discharged of all liability to provide benefits to me in respect of the transfer value.
- I understand that there is no statutory requirement on the receiving scheme to provide for survivors benefits out of the transfer payment.
- I will protect the Trustees against any costs, claims, demands or expenses which may become due as a result of the payment.

I confirm that my date of birth shown on the first page is correct.

Signature:

x 

Date:

Print Name:

JACQUELINE JONES, 7-9-18

## Transfer out scheme authority form

Name of the member:	JACQUELINE JONES
Reference number:	

On behalf of the Trustees or scheme administrator of the following arrangement, we give you permission to ask HM revenue & Customs for any information about the arrangement's registration status.

Name of arrangement:	
Address and postcode:	
Pension scheme tax reference (PSTR/QROPS) number:	
Employer contracting-out number:	
Scheme contracting-out number:	

Signature:

Date:

Print Name:

Please return the filled-in form to:

Park View Administration Ltd  
Oak House  
317 Golden Hill Lane  
Leyland  
Lancashire  
PR25 2YJ  
Tel: 0330 053 9150  
info@parkviewadmin.co.uk