



Abbey Life

Transfer Value Option Form

- Please use this form if you wish to take a Transfer Value to a new or existing registered pension plan with another provider within the United Kingdom. Please contact us for an alternative set of forms if the transfer is to be made to an overseas pension plan or provider.
- This form is in three sections:
Section A - Transfer Information
Section B - Receiving Scheme/Policy Declaration, to be completed by the Receiving Scheme and
Section C - Transfer Value Application Form, to be completed by the client.

Section A: Transfer Information

Member Details

Policyholder: Neil William Graham
Policy Number: 500010743P
National Insurance Number: WM390463A
Date of Birth: 23 June 1962

Transferring Plan Details

- This transferring scheme/plan is a Personal Pension Plan, which is treated as a Registered Pension Scheme under Chapter 2 of Part 4 of the Finance Act 2004.
- HM Revenue & Customs (HMRC) Registration Reference: 00605377RB
(Where the registration reference number has not been allocated yet, the previous Inland Revenue reference is shown.)
- The transferring scheme/plan is a money-purchase arrangement.

Transfer Value Details as at 18 June 2014

Former Protected Rights Transfer Value: £38,111.84

This amount is not guaranteed.



Transfer Value Option Form

Policyholder: Neil William Graham
National Insurance Number: WM390463A

Policy Number: 500010743P

Section A continued: Transfer Information

Divorce/Dissolved Civil Partnership Details

Earmarking order/attachment?

No

Is any part of the transfer as a result of a pension share on a pension in payment?

No

Transfer Value Option Form

Section B: Receiving Scheme Declaration For Transfer Payment

This section must be completed by the Receiving Scheme. The form should be returned to the client to complete Section C.

Member Details	
Policyholder:	Neil William Graham
Policy Number:	500010743P
National Insurance Number:	WM390463A
Date of Birth:	23 June 1962

Details of Receiving Scheme/Policy:		
1.	Name of Receiving Scheme:	
2.	Name and Address of Receiving Scheme (provider):	Name: Address: Postcode:
3.	Policy Number or Contract Reference: <i>This reference will be used by Abbey Life on correspondence. See Notes at the end of section B.</i>	
4.	Payment of the Transfer Value amount will be made by cheque. Please provide details of payee name and address in this section.	
<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> Cheque to be made payable to: _____ </div> <div style="border: 1px solid black; padding: 10px;"> Cheque to be sent to: Name: _____ Address: _____ _____ Postcode: _____ </div>		

Transfer Value Option Form

Policyholder: Neil William Graham
National Insurance Number: WM390463A

Policy Number: 500010743P

Section B continued: Receiving Scheme Declaration For Transfer Payment

5.	<p>We undertake that the Receiving Scheme is a: (Please Tick)</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Registered Defined Benefit Occupational Pension Scheme</div> <div><input type="checkbox"/> Registered Defined Contribution Occupational Pension Scheme</div> <div><input type="checkbox"/> Individual Personal Pension Scheme</div> <div><input type="checkbox"/> Relevant Statutory Scheme</div> <div><input type="checkbox"/> Section 32 Plan</div> <div><input type="checkbox"/> Other - please state: _____</div> </div>
6.	<p>Receiving Scheme registration number: _____</p> <p><small>(If the registration number is not known please provide the previous Inland Revenue SF reference instead)</small></p>
7.	<p>Receiving Scheme Declaration for a Transfer Value:</p> <p>a) We declare that the information given in Section B is true and correct.</p> <p>b) We confirm that the Transfer Value will be applied to provide relevant pension benefits that are consistent with HM Revenue & Customs conditions of approval.</p> <p>c) We understand and accept that once payment of the Transfer Value has been issued, Abbey Life cannot accept a return of the money.</p>
8.	<p>Signature: _____ Date: _____</p> <p>Position: _____</p> <p>Telephone Number (in case of enquiry): _____</p> <p>Company Name: _____</p>

Notes for the receiving scheme

- Section B, Question 3 - Please provide the Policy Number or, where this is unavailable, an identifying reference based on contract or client name/details etc. which Abbey Life can quote on correspondence and when making payment.
- After completing Section B please return the form to the client who must then complete Section C.



Transfer Value Option Form

Section C: Transfer Value Application Form

Please do not complete Section C until Section B has been completed by the Receiving Scheme.

Member Details

Policyholder: Neil William Graham
Policy Number: 500010743P
National Insurance Number: WM390463A
Date of Birth: 23 June 1962

1. I confirm that the payment of the Transfer Value is to be issued to the Receiving Scheme/Policy/Pension Provider, as detailed in Section B. The name of the Receiving Scheme/Policy or Pension Provider is confirmed below:

Name of Receiving Scheme: _____
(or Pension Provider)

2. I understand and accept that once payment of the Transfer Value has been issued to the Receiving Scheme/Policy Abbey Life cannot accept a return of the money.

3. Please indicate below when you wish to take the Transfer Value:

☐

On Normal Retirement Date (assuming all requirements are received by that date) **OR**

☐

Before Normal Retirement Date and immediately all requirements are received
Warning: Where this option is selected charges may be applied to the Transfer Value shown in the quotation. Please contact our Client Line on 0845 9600 900 if you need further details.

Transfer Value Option Form

Policyholder: Neil William Graham
National Insurance Number: WM390463A

Policy Number: 500010743P

Discharge Section

Important: This section must be signed and dated on/after the date shown in Section B.

Discharge

I agree that in consideration of such payment:

- (i) I confirm that the details in this form are true and complete.
- (ii) I agree that payment of the benefits by Abbey Life Assurance Company Limited ("ALAC") under the policy means that my policy will end and that no further benefits will be payable.
- (iii) I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information carelessly given by me, or on my behalf, either in this form or with respect to benefits from the policy.
- (iv) I also promise that I will be responsible for any losses and/or expenses which are the result of any untrue, misleading or inaccurate information deliberately given by me, or on my behalf, either in this form or with respect to benefits from the policy.
- (v) For the avoidance of doubt, by signing this disclaimer, this will not prevent me from bringing any further valid claim where there has been an error made by ALAC which was not as a result of incorrect or misleading information provided by me.

Signature: Neil Graham Date: 14/07/2014

Please provide telephone number in case of enquiry: 01993 358620

Although we may need to ask you to confirm certain information in writing, this may help avoid undue delay in the payment of benefits.

Transfer Value Option Form

Policyholder: Neil William Graham
National Insurance Number: WM390463A

Policy Number: 500010743P

Checklist

Please remember to:

- ☐ - Complete, sign and date the form in Section C on or after Section B has been completed by the receiving scheme.
- ☐ - Cancel your Standing Order mandate if applicable on or immediately before your retirement date.
- ☐ - Please return the form(s) stated above to the address detailed below.

Important Notes:

- It is important to note that if any Life Assurance is directly attached to this plan (both policies will have the same policy number), then this will stop following payment of your benefits by way of Transfer.

There may be certain circumstances under which you may apply for another Abbey Life policy for an equivalent sum assured without the need for further medical evidence. We must receive applications within 30 days of termination of the Life Assurance. Please contact our Client Line on 0845 9600 900 for further information.

Send the completed form(s) to:

Client Services Division,
Abbey Life Assurance Company Ltd,
100 Holdenhurst Road,
Bournemouth.
BH8 8AL



Former Protected Rights Benefits Transfer Value Quotation

Plan Number: 500010743P
Member Name: Neil William Graham

Policy Detail

Retirement Date: 23 June 2027
Current Fund Value of: £38,136.84 (See Note 2)
Date of Quotation: 18 June 2014

Former Protected Rights Transfer Value

The current value available for transfer to another pension provider is: £38,111.84 (See Note 2)

Important Notes

1. These values are not guaranteed and the final value will be recalculated at the date of payment. The benefits may differ from those previously quoted due to varying unit prices, interest rates and dates of calculation, or receipt of further Former Protected Rights Contributions.
2.
 - The Current Fund Value shown is the value before any administration charge has been applied.
 - An administration charge has been applied in the calculation of the Transfer Value.

Transfer Information Form

This is our standard transfer value information form used when we receive a request to transfer benefits away from Aviva. It is used in place of completing transfer questionnaires.

Details of arrangement making the transfer

Individual Personal Pension

This scheme satisfies the requirements set out in Part 4 of the Finance Act 2004.

HMRC Registered Scheme Reference number: 00605426RG

Individual's Details

Name: Neil Graham
Plan number: TL94037719
National Insurance Number: WM390463A
Date of Birth: 23 June 1962
Gender: Male
Plan retirement date: 23 June 2017

Protected Tax Free Cash

Protected tax free cash entitlement: £0.00

If you have any Tax Free Cash Protection under any other Personal Pension Plans with Aviva this may be affected if you transfer this policy.

Transfer Value Details

Transfer value: £55,496.33

The transfer value is calculated as at 19 June 2014.

The transfer value is not guaranteed. The actual transfer value will be based on the unit prices that we next make available after we receive everything that we need.

Transfer payment instruction

Please return to:

Our Reference:

Name: N Graham
Plan Number: TL94037719

Please make sure that this form is fully completed in BLOCK CAPITALS before returning it to Aviva, to avoid any delay in paying the transfer value.

Payments will be made directly to your chosen pension provider.

Payee:
(this must be a pension provider)

Department:

Address:

Postcode

Contact Name (if known)

New policy number (if known)

1001


Please pay the transfer value in respect of the above mentioned plan.

I understand that:

- the amount actually payable may differ from that shown in the illustration for the reasons explained in the transfer section
- once payment has been made for the whole of the plan, Aviva is no longer responsible for the plan
- once payment has been made for part of the plan, Aviva will only be responsible for the rest of the plan
- where any benefits remain with Aviva, liability for these will remain with them

Please make sure this form is fully completed and signed in the box below. This will help us pay your benefits as quickly as possible.

Signature of Planholder:



Date:

14 / 07 / 2014

Transfer out warranty

Please return to:

Our Reference:

Your Pension Select @ Aviva - TL94037719

Member name: Neil Graham

Transferring Scheme Details

Transferring Scheme: Individual Personal Pension

Plan number: TL94037719

Please make sure that this document is fully completed in black ink and BLOCK CAPITALS before returning it to Aviva, to avoid any delay in settling the benefits.

To be completed by the Trustees/Administrator of the receiving scheme/contract.

Receiving Scheme details

Always complete

Receiving scheme / contract name

Receiving scheme / contract number (if known)

Name of bank:

Name in which account is held:

Account number:

Sort code:

BACS payment ref:

Type of scheme

Please tick only one

☐

Insured registered scheme (Now complete Section 1)

A scheme registered (or deemed registered) under Part 4 of the Finance Act 2004.

☐

Self administered registered scheme (Now complete Section 2)

A registered scheme where the assets are invested, other than wholly by payment of insurance premiums, by the trustees, an in house investment manager or an external investment manager.

☐

Buy out e.g. S32 or replacement contract (Now complete Section 3)

The purchase by trustees of a registered scheme of an insurance policy in the name of the member or other beneficiary, in lieu of entitlement to benefit from the scheme, following termination of the member's Pensionable Service.

☐

Overseas scheme (Now complete Section 4)

Further information will be needed. Details will be supplied.

☐

Retirement Annuity Contract (RAC) (Now complete Section 4)

☐

Other (Now complete Section 4)

☐

Statutory scheme (Now complete Section 5)

A scheme (usually in the public sector) established by an Act of Parliament.

Section 1 - Complete for an insured registered scheme underwritten by a Life Office.

Receiving scheme HM Revenue & Customs (HMRC) registration / approval reference number

The normal retirement age under the scheme is

Name of the receiving Life Office

Address

Is a copy of the HMRC registration/approval e-mail or letter attached?

Yes

☐

No

☐

Now complete Section 5.

Section 2 - Complete for a self administered registered scheme

Receiving scheme HM Revenue & Customs (HMRC) registration / approval reference number

The normal retirement age under the scheme is

Is a copy of the HMRC registration/approval e-mail or letter attached?

Yes

☐

No

☐

Payment will only be made to you as Scheme Administrator of the Receiving Scheme.

Now complete Section 5.

Section 3 - Complete for a Buy out

Please send a letter confirming:

- After receiving a transfer payment from this policy, you will issue a policy for the benefit of Mr Graham and/or his dependants.
- The policy that will be issued meets the requirements of section 153(8) of the Finance Act 2004. It will also be an appropriate annuity contract under section 19(4) of the Pension Schemes Act 1993.

Now complete Section 5.

Section 4 - Complete for an overseas scheme, RAC or Other

Receiving scheme approved by (tax authority)

Tax authority reference number

The normal retirement age under the scheme is

Now complete Section 5.

Section 5 - Declaration on behalf of the receiving scheme

I confirm that the above statements are true. On receipt and acceptance of the transfer, it will be applied to provide benefits for or in respect of the member under the receiving scheme in accordance with the appropriate regulations made under the Pension Schemes Act 1993.

Signed

Position

For and on behalf of the Trustees/Administrators of

Neil Cro

Date

/ /

TRANSFER DISCHARGE FORM

Stakeholder Pension Plan Number:

P00083563A

Stakeholder Pension Plan Holder:

Neil Graham

DOB: 23 June 1962

54203-000017/02/04-H0

This plan is a Stakeholder Pension Plan, registered with HM Revenue & Customs in accordance with the Finance Act 2004.

The Co-operative Investments CIS Stakeholder Pension Scheme is registered under reference number : 00613772RS.

The transfer value on 27 June 2014 amounts to £14,211.08.

Any contributions that are currently being paid into this plan will continue to be collected. Should you wish not to continue contributing then please contact us and if applicable cancel your payment instruction.

Your actual transfer value maybe higher or lower than the above estimate and will depend on:

- The value of your units on the date we make the transfer payment.
- Any future contributions you make (we have assumed none in the above estimate), include any outstanding tax relief from HM Revenue & Customs.
- Any other plan transactions you make e.g. fund switches.

In order to secure a fair share of the CIS With-Profits Pension Fund for all investors, we may, in certain circumstances, apply a market value reduction to reduce the plan value. An example of such circumstances would be following a deep or prolonged fall in stock market values. The market value reduction will also help to ensure that large amounts leaving the Fund do not benefit one member or members over others. We will not apply a market value reduction to payments made on death or retirement; it is likely only to apply if you choose to move the funds. Please see our 'A guide to investing in the CIS With-Profits Pension Fund' for more information.

There are currently no market value reductions being applied to transfers out of the with-profits pension fund you are invested in.



SECTION ONE (to be completed by the member)

I request that the Co-operative Investments transfer the plan P00083563A to :-

Name of accepting scheme: _____

Address of accepting scheme: _____

I understand that when this transfer is paid, this plan will be cancelled and the Co-operative Investments will have no further obligation under it.

Signature : Neil Goh

Witness : _____

Address : THE OLD POST HOUSE

Address : _____

: BURFORD ROAD

: _____

: BLACK BOURTON OX182PT

: _____

Date : 14/07/2014

: _____

On completion please pass this form and enclosed envelope to your chosen scheme for them to complete section two and return the fully completed Transfer Discharge Form to us.

SECTION TWO (to be completed by the administrator of the accepting scheme)

Stakeholder Pension Plan Number:

P00083563A

Stakeholder Pension Plan Holder:

Neil Graham

DOB: 23 June 1962

This section should only be completed if you are in a position to accept payment.

In order to satisfy the legislative requirements; please confirm (and provide details where necessary)

1. That your scheme is

☐

A Personal Pension Scheme registered with HM Revenue & Customs in accordance with the Finance Act 2004.

Please provide your ASCN number _____

a) Is the scheme partially or fully underwritten by a life office?

YES/NO

b) If the answer to a) is no, is the scheme provider another financial institution falling within Chapter 2 of part 4 of the Finance Act 2004?

YES/NO

If the answer to a) is YES please provide the contact reference, name and address of the insurer, if not provided elsewhere: _____

If the answer to b) is YES please provide the contact reference, name and address of the scheme administrator, if not provided elsewhere: _____

☐

An Occupational Pension Scheme registered with HM Revenue & Customs in accordance with the Finance Act 2004 where the transferee is already a scheme member who is currently accruing benefits as a result of service as an employee or an ex-spouse who has rights from a pension sharing order. Please state date of joining ____ / ____ / ____

a) Is the scheme a small self-administered scheme?

YES/NO

b) Is the scheme a large self-administered scheme?

YES/NO

c) Is the scheme wholly insured?

YES/NO

If the answer to a) is YES, please have the pensioner trustee confirm in writing that the transfer can proceed and that the payment is to go ahead into a SSAS bank account of which the pensioner trustee is a mandatory co-signatory. The written confirmation should be attached to this form.

If the answer to b) is YES, please provide the contact reference, name and address of the scheme administrator, if not provided elsewhere: _____

If the answer to c) is YES, please provide the contact reference, name and address of the insurer, if not provided elsewhere: _____

Stakeholder Pension Plan Holder:

DOB: 23 June 1962

A Statutory Scheme established under a General Act of Parliament and the transferee is already a scheme member who is currently accruing benefits as a result of service as an employee or ex-spouse who has rights from a pension sharing order. Please state date of joining
 / / .

A Free Standing Additional Voluntary Contribution Scheme registered with HM Revenue & Customs in accordance with the Finance Act 2004 and the transferee is already a scheme member who is currently accruing benefits as a result of service as an employee or an ex-spouse who has rights from a pension sharing order. Please state date of Joining ____/____/____.

Other - if not listed above, please supply full details.

2. That you are willing to accept the transfer value quoted in Section One and that you have not and are not intending to opt out of deemed HM Revenue & Customs registration under paragraph 2, Schedule 36 of the Finance Act 2004. If you are willing to accept the transfer value, to whom the cheque should be made payable.

Max. 25 Characters

[illegible]

The transfer cheque can only be issued direct to the scheme administrators of the accepting scheme. If a life office or other financial institution insures the scheme, the cheque must be made payable, and be sent, to the insurer. Cheques will not be drawn in favour of or be sent to an Independent Financial Adviser.

3. That the transfer value will be applied to provide appropriate benefits under your scheme.
4. That you understand that on payment by the Co-operative Investments of the transfer value, the plan will be cancelled and cannot be reinstated unless we are informed within 30 days of the issue date of our cheque that reinstatement is required. Outside of this period the Co-operative Investments will consider a request for reinstatement but cannot guarantee that such a request will be accepted, unless this plan is subsequently found to be invalid.

54203-000017/04/04-H0

AUTHORISATION/DECLARATION

I/We authorise the HM Revenue & Customs to release information, if so requested, to the Co-operative Investments on our HM Revenue & Customs registered status.

I/We declare that the information given on this form is true and complete to the best of my/our knowledge and belief.

Pension Scheme Tax Reference:

--	--	--	--	--	--	--	--	--	--

Authorised Signature

Company Stamp

Please note that the Co-operative Investments is not prepared to complete any equalisation forms. We can however confirm there have been no transfers into this plan.

Please return the fully completed Transfer Discharge Form to us using the envelope provided.



Technical Service centre
PO Box 4363
Churchgate House
56 Oxford Street
MANCHESTER
M61 0EE

Tel: 0845 600 4741
Fax: 08448 007 235
E-mail: pensionclaims@cfs.coop

Ref: PPC/Transfers/1434402

Date: 20 June 2014

TRANSFER DISCHARGE FORM

Member: Neil Graham

Policy number: 8952311

This policy is a Personal Pension registered with HM Revenue and Customs in accordance with the Finance Act 2004.

The transfer value amounts to £9,836.80.

This assumes premiums are paid up to and including 01 April 2007. Unless this policy has previously been made paid up, any contributions that you are currently paying into this policy will continue to be collected. Should you wish not to continue contributing then please contact us and if applicable cancel your payment instruction.

The value is guaranteed for 30 days from the issue date. If we do not receive a reply within the guarantee period the transfer value may change. This could result in a lower transfer value being available when the transfer occurs.

SECTION ONE (to be completed by the member)

I request that the Co-operative Insurance Society Limited transfer the sum of £9,836.80 to:-

Name and address of _____
accepting scheme and _____
reference number (if any) _____

I understand that when the transfer is paid, this policy will be cancelled and the Co-operative Insurance Society Limited will have no further obligation under it. If I have not enclosed my Benefit Schedule(s) (policy document) in this communication I confirm that it will be destroyed by me.

Signature: Neil Graham Witness: _____
Address: THE OLD POST HOUSE Address: _____
BURFORD ROAD _____
BLACK BURTON OX18 2PF _____
Date: 14/07/2014 Date: _____

Member: Neil Graham

Claim number: 1434402

Policy number: 8952311

SECTION TWO (to be completed by the accepting scheme)

This section should only be completed if you are in a position to accept payment.

In order to satisfy the legislative requirements; please confirm (and provide details where necessary)

1. That your scheme is

☐

A Personal Pension Scheme registered with HM Revenue and Customs in accordance with the Finance Act 2004.

Please provide your ASCN number _____

a) Is the scheme partially or fully underwritten by a life office? **YES/NO**

b) If the answer to a) is no, is the scheme provider another financial institution falling within Chapter 2 of Part 4 of the Finance Act 2004 ? **YES/NO**

If the answer to a) is YES please provide the contact reference, name and address of the insurer, if not provided elsewhere: _____

If the answer to b) is YES please provide the contact reference, name and address of the scheme administrator, if not provided elsewhere: _____

☐

An Occupational Pension Scheme registered with HM Revenue and Customs in accordance with the Finance Act 2004 where the transferee is already a scheme member who is currently accruing benefits as a result of service as an employee or an ex-spouse who has rights from a pension sharing order. Please state date of joining __/__/__

a) Is the scheme a small self-administered scheme? **YES/NO**

b) Is the scheme a large self-administered scheme? **YES/NO**

c) Is the scheme wholly insured? **YES/NO**

If the answer to a) is YES please have the pensioner trustee confirm in writing that the transfer can proceed and that payment is to go ahead into a SSAS bank account of which the pensioner trustee is a mandatory co-signatory. The written confirmation should be attached to this form.

If the answer to c) is YES please provide the contact reference, name and address of the insurer, if not provided elsewhere: _____

☐

A Statutory Scheme established under a General Act of Parliament and the transferee is already a scheme member who is currently accruing benefits as a result of service as an employee or an ex-spouse who has rights from a pension sharing order. Please state date of joining __/__/__

☐

A Free Standing Additional Voluntary Contribution Scheme registered with HM Revenue and Customs in accordance with the Finance Act 2004 and the transferee is already a scheme member who is currently accruing benefits as a result of service as an employee or an ex-spouse who has rights from a pension sharing order. Please state date of joining __/__/__

☐

Other - if not listed above, please supply full details.

Claim number: 1434402

2. That you are willing to accept the transfer value quoted in Section One and that you have not and are not intending to opt out of deemed HM Revenue & Customs registration under paragraph 2, Schedule 36 of the Finance Act 2004. If you are willing to accept the transfer value, to whom the cheque should be made payable.

[illegible]

3. That the transfer value will be applied to provide appropriate benefits under your scheme.

[illegible]

Company Stamp

Please note that the Society is not prepared to complete any equalisation forms. We can however confirm there have been no transfers into this policy.

PERSONAL PENSION SCHEME POLICY DETAILS

Date: 20 June 2014

The CIS Personal Pension Scheme is registered with HM Revenue and Customs in accordance with the Finance Act 2004.

The scheme is written under Deed Poll and rules.

Member:	Neil Graham	Date of Birth:	23 March 1962
Policy Number:	8952311	NI Number:	WM392463A

CURRENT PERSONAL CONTRIBUTIONS

A. Pension:	£60.00	Total Single Premium Contributions:	£0.00
B. Life Assurance:	£3.30	SumAssured £10,000.00 *** EXPIRED ***	
C. Waiver of Premium:	£2.21		
Total:	£65.51 (Gross)		

Date of Entry:	01 June 1998
Premium Frequency:	Monthly
Last Premium Paid:	01 April 2007
Status of Policy:	Paid Up
Date of Retirement (Personal Contributions):	23 March 2027

Amount of transfer / fund value is £9,836.80

1 of 2

Member: Neil Graham

Claim number: 1434402

Policy number: 8952311

NOTES

1. The scheme is written under Deed Poll and rules and the policies issued within it are "With Profits". It is not possible to switch funds under this policy.
2. The current transfer / fund value of this policy has been calculated in accordance with the Personal Pension (Transfer Value) Regulations 1987.
3. No Pension benefits secured under this policy may be surrendered for cash, assigned or used to obtain a loan.
4. In the event of death before the pension date, the value of the cash sum will be paid out as a lump sum unless the member has informed the CIS that it should be used to provide pension for his or her spouse or other dependant. Any life assurance benefit being provided will also be paid out as a lump sum.

The benefits payable in the event of death after retirement would depend on the options chosen by the member at the pension date. Please refer to the policy document for details.

5. Benefits can be taken from age 55.
6. The policy fee under this type of arrangement currently amounts to £1.00 per pension premium for a monthly contribution and £6.00 for each single contribution.

The policy fees do not differ depending on the size of the premium, but no policy fees are deducted where a policy has been made paid up.

The remainder of the contribution, along with the premiums of all our other with profits policyholders, is paid into the life and pensions fund of the CIS and all further expenses and commissions incurred are taken from that fund. The interest earned and capital appreciation on that fund, after deduction for expenses including the making of reserves to preserve our future strength, are distributed amongst our with profits policyholders by means of bonuses.

7. There are no explicit cost charges incurred on transfer.
8. When a policy is made paid up there are no penalties other than a reduction in benefits due to fewer premiums being paid.
9. The attached details show only the current position of the policy. If there have been any endorsements or enhancements, please refer to the policy schedules
10. The Pension Scheme Tax Reference (PSTR) number is 00605419RL.
11. No transfer of other pension benefits has been paid into this policy.
12. No benefits secured under this policy relate to pension benefits received from an ex-spouse on divorce.
13. This transfer value includes any additional amount arising from our promise to determine your with profits benefits so that the total expenses charged after 5th April 2001 are no greater than 1% of your pension fund per annum.
14. It is possible that part or all of this policy qualifies for a guaranteed pension rate. Further information on the terms and conditions can be found in your policy document.
15. May I take this opportunity to advise that it is not the Society's intention to extend its agency connection at the present time.
16. There are no market value adjustments applied to CIS Personal Pensions.
17. This transfer value does not include any pension credit.
18. This transfer value does not include any pension sharing order.
19. This transfer value does not include earmarking.